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National Drug Control Strategy

February 1991

The White House

PrEX 1.2:

National Drug Control Strategy

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TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit today for the consideration of the Congress and the American people the 1991 National Drug Control Strategy, in accordance with section 1005 of the Anti-Drug Abuse Act of 1988 (Public Law 100-690; 21 U.S.C. 1504).

This is the third National Drug Control Strategy, and it should be viewed as a companion to the previous two submitted in September 1989 and January 1990. This Strategy lays out a comprehensive plan for Federal drug control activities for fiscal year 1992. The principal goal remains unchanged: to reduce the level of illegal drug use in America. This goal cannot be achieved by the Federal Government acting alone, and so this Strategy calls upon all segments of our society to continue to do their part. In crafting this Strategy, we have sought the counsel not only of Federal officials and Members of the Congress, but also State and local officials; experts in the fields of drug prevention, treatment, and enforcement; and public-spirited citizens.

I am pleased to be able to report that there are indications that we are embarked on the right path: although much remains to be done and serious problems still confront us, numerous indicators show that we are beginning to see significant declines in drug use throughout the Nation. Continued congressional support is essential to ensure progress.

THE WHITE HOUSE

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Introduction

President Bush presented his first National Drug Control Strategy to the Congress — and to the American people — on September 5, 1989, a time of unprecedented concern over epidemic levels of drug use and frightening amounts of drug-related crime. There had been highly publicized Presidential initiatives against drugs in the past: periodic law enforcement crackdowns over the years, major Federal public awareness and treatment campaigns, and more recently, attempts to police and seal our national borders against drug smugglers. But the President's National Drug Control Strategy marked a clear and bold departure from previous attempts to grapple with the problem, attempts that emphasized one tactic or another.

For the first time, the Federal government had developed and publicly articulated a complete, sophisticated, and finely differentiated understanding of drugs as a public policy issue. The Strategy clearly acknowledged the visible effects of widespread drug use: rising rates of violent crime, serious damage to the Nation's health and economy, and strains on vital relationships with international allies, for example. And the Strategy's proposed program — now largely ratified and funded by Congress, and in place, up and running — included major new initiatives in these and other areas.

But at the same time, the President's Strategy advanced a vigorous argument against continuation of the largely reactive, uncoordinated, and piecemeal efforts of past anti-drug campaigns. There would be no faddish search for a single, overriding answer to drug addiction and its attendant miseries. And there would be no pendulum swings among policy alternatives, first one extreme, then the other.

Instead, the National Drug Control Strategy sought to come to terms with the drug problem not as a collection of random and frightening symptoms, but in its essence: drug use itself. The President's first Strategy in September 1989 described drug use as a broad epidemiological phenomenon, progressing in individuals and passing through sectors of the population at different rates, in different degrees, with different effects. The Strategy also described drug use as the result of a market, in which the variable "supply" of drug sellers and the variable "demand" of drug buyers meet in a combustible mix. Arrayed against these complicated, interrelated cycles must be a series of complicated, interrelated responses, each designed to complement the other, each designed to achieve maximum disruption of the drug market and the epidemic it feeds.

This third National Drug Control Strategy reaffirms the main arguments about the drug problem advanced in the first two Strategies, and, like those documents, argues that to fight drugs successfully we must — as a Nation — exert pressure on all parts of this problem simultaneously. We must have meaningful efforts to prevent people from using drugs in the first place, and we must provide effective treatment for those who need it and can benefit from it. On the presumption that law enforcement not only punishes but also instructs, we must hold users accountable for their actions and thereby deter others from using drugs. We must prosecute dealers and traffickers. We must punish those convicted of drug crimes. We must disrupt the flow of drugs, drug money, and related chemicals. We must engage other nations in efforts to reduce the growth, production, and distribution of drugs. We must support basic and applied research in behavior, medicine, and technology. And we must improve our intelligence capabilities in order to attack drug trafficking organizations better. No single tactic, by itself, is sufficient. All of these must be employed.

Under this Administration, Federal funding to fight drugs has grown 64 percent to $10.5 billion in Fiscal Year 1991. The President is requesting a total of $11.7 billion for Fiscal Year 1992, an increase of 11 percent above the Fiscal Year 1991 level, and 82 percent since this Administration took office. Appendix B presents a broad overview of Federal budget levels and funding priorities. A companion volume to this Strategy, the National Drug Control Strategy Budget Summary, presents detailed resource information for each drug control program agency.

There are some who believe that the Federal effort should be evenly divided among what are loosely called "supply reduction" and "demand reduction" activities. This notion ignores the fact that the mission of the Federal government includes activities that *only* the Federal government can undertake, such as efforts in countries where drugs are grown and produced, as well as broader initiatives to engage the international community to take strong measures against money laundering. It ignores the fact that much of our interdiction effort occurs offshore, on the high seas, or in international airspace, and requires the use of expensive assets, including ships, aircraft, and sophisticated air-, sea-, and land-based radar systems. It also ignores the fact that law enforcement, sometimes conceived of as only a "supply reduction" activity, has a deterrent -- i.e., "demand reduction" -- effect, an effect widely acknowledged. Indeed, some would even argue that deterrence is law enforcement's main effect, or main justification. In any case, simple distinctions between "supply reduction" and "demand reduction" are artificial and at times even meaningless.

That said, this Strategy continues the general pattern of distribution of Federal funds presented in the first two Strategies. Federal Departments and agencies maintain exclusive responsibility for drug-related diplomatic and border security programs; major responsibility for large-scale criminal investigations, and long-term scientific research; and they provide information and partial funding support to local law enforcement, treatment, and prevention programs. (A significant portion of the funds in Fiscal Year 1992, it should be noted, are targeted for Congressionally-mandated pay reform for law enforcement personnel.)

Neither the original National Drug Control Strategy nor its January 1990 companion proceeds from the assumption that the Federal government's programs and money alone can solve the drug problem. Both documents offer extensive attention and advice to State and local governments, private civic and service organizations, schools, churches, synagogues, businesses, families, and individuals — all of whom must devote concentrated and persistent effort to the drug problem in their particular spheres. It should be noted that a major feature of this Strategy is that it challenges States, localities, and the private sector to join with the Federal government in committing themselves to expanding the capacity of the national treatment system. The Federal government will continue to do its part by increasing funding significantly. Others must do their part, too.

States, localities, businesses, individuals, civic and charitable organizations, and many others also have made herculean efforts that are beginning to pay off — drug use is going down. But this is no time to ease up. The hardest part may well lie before us, and all of us must raise the intensity of efforts.

Progress to Date: Quantified Two- and Ten-Year Objectives

Section 1005 of the Anti-Drug Abuse Act of 1988 requires that each National Drug Control Strategy include "long-range goals for reducing drug abuse in the United States," and "short-term measurable objectives which the Director determines may be realistically achieved in the two-year period beginning on the date of the submission of the Strategy." That rather general legal instruction has led to the National Drug Control Strategy's most important programmatic innovation. Since it first satisfied the goal-setting requirement in the 1989 Strategy, the Administration has purposefully and firmly rejected most of the criteria against which drug policy success and failure have historically been judged. No matter how many people we treat for addiction, how many traffickers we arrest and convict, how many students we educate and warn, and how many drug shipments we find and seize — it all means nothing if drug use fails to diminish.

So the National Drug Control Strategy lays out nine detailed goals and objectives, all with specific numerical and proportional targets, and almost all of which directly address the most urgent drug use problems. If levels and rates of national drug use don't fall, the Strategy is a failure — a test this document continues to invite. As the chart below shows, the Strategy meets this test. As available data permits, progress to date against stated goals, along with necessary future projections and revisions in each category, is discussed in detail below.

NATIONAL DRUG CONTROL STRATEGY
NATIONAL OBJECTIVES

	GOAL	ACTUAL
CURRENT OVERALL DRUG USE	-10%	-11%[3]
CURRENT ADOLESCENT DRUG USE	-10%	-13%[4]
OCCASIONAL COCAINE USE	-10%	-29%[1]
FREQUENT COCAINE USE	50% reduction in rate of increase	-23%[4] actual decline
CURRENT ADOLESCENT COCAINE USE	-20%	-49%[2]
DRUG-RELATED MEDICAL EMERGENCIES	-10%	-18%[5]
DRUG AVAILABILITY	-10%	data not yet available
DOMESTIC MARIJUANA PRODUCTION	-10%	data not yet available
STUDENT ATTITUDES TOWARD DRUG USE	-10%	-28%[6]

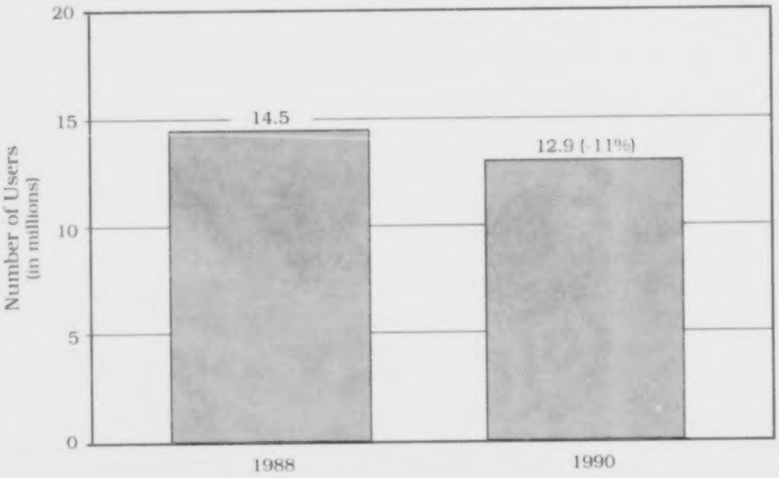
[1] Significant at the .01 level. [2] Significant at the .06 level. [3] Significant at the .15 level. [4] Significant at the .3 level. [5] No sampling variance. [6] Average of three separate measures; significant at the .01 level.

Current Overall Drug Use. The National Institute on Drug Abuse's (NIDA) National Household Survey on Drug Abuse — now conducted and published annually — tracks drug use in several broad categories (e.g., lifetime use, past year use, and past month use). Past month or "current" use is the most widely cited of NIDA's statistical measures, and it has become a common shorthand indicator of the state of our problem with drugs. The 1985 Household Survey identified an estimated 23 million current drug users in America. That number fell 37 percent to 14.5 million current drug users in 1988, the year the next Survey was conducted.

On the epidemiological assumption that this sharp decline reflected success with those users easiest to treat or otherwise persuade, and that further progress would therefore likely prove more difficult and less dramatic, the Administration's first National Drug Control Strategy established the following goals for reductions in the number of current drug users (below 1988 figures): 10 percent (to roughly 13 million) in two years, and 50 percent (to roughly 7.25 million) in ten years.

Now, 17 months later, data from the 1990 Household Survey indicates that current drug use has decreased by 11 percent, to an estimated 12.9 million Americans — consistent with Strategy goals, and slightly ahead of schedule.

Current Overall Drug Use



Source: NIDA National Household Survey on Drug Abuse, 1988 and 1990

Because further reductions in current drug use remain a high national priority, this Strategy projects forward its existing goals for an additional year at the same rate, as follows:

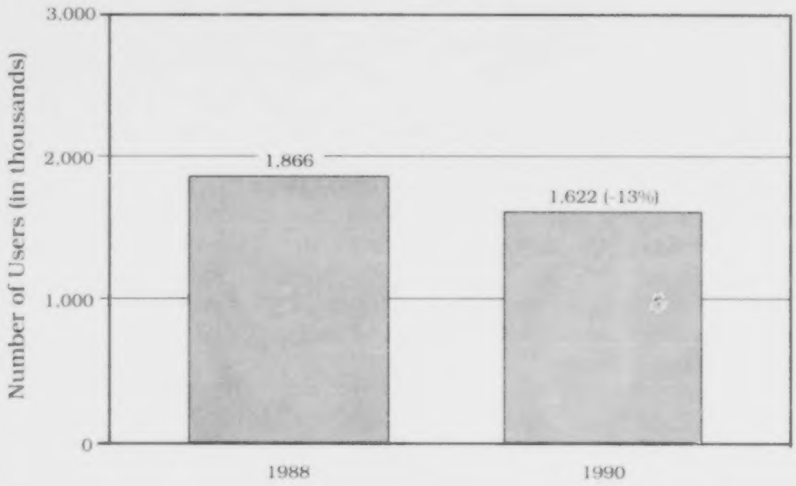
Original Goal:	**reduce current overall drug use by 10 percent.**
Actual:	**goal met. Current overall drug use declined 11 percent from 1988 to 1990.**

1993 Strategy Objective:	**a 20 percent reduction below the 1988 level in the number of people reporting any illegal use of drugs in the past month.**
2001 Strategy Objective:	**a 60 percent reduction below the 1988 level in the number of people reporting any illegal use of drugs in the past month.**

Current Adolescent Drug Use. As noted above, the 1988 Household Survey indicated significant decreases in current drug use since 1985. These decreases held across all age groups in the population, but for those younger than 35, the smallest proportional decrease occurred for adolescents (ages 12-17). Because this particularly vulnerable group remains a major concern for the future, the first National Drug Control Strategy established the following goals for reductions in the number of current adolescent drug users (below the 1988 estimate of 1.9 million): 10 percent (to roughly 1.7 million) in two years, and 50 percent (to just under one million) in ten years.

Now, 17 months later, data from the 1990 Household Survey indicates that current adolescent drug use has decreased by 13 percent, to an estimated 1.6 million — again, consistent with Strategy goals, and ahead of schedule.

Current Adolescent Drug Use



Source: NIDA National Household Survey on Drug Abuse, 1988 and 1990

This Strategy projects forward its existing goals in this category for an additional year at the same rate, as follows:

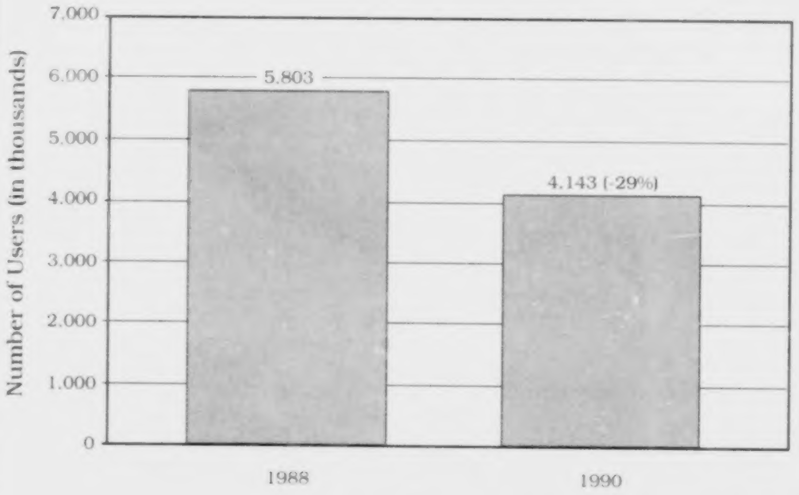
Original Goal:	**reduce current adolescent drug use by 10 percent.**
Actual:	**goal met. Current adolescent drug use declined 13 percent from 1988 to 1990.**

1993 Strategy Objective:	**a 20 percent reduction below the 1988 level in the number of adolescents reporting any illegal use of drugs in the past month.**
2001 Strategy Objective:	**a 60 percent reduction below the 1988 level in the number of adolescents reporting any illegal use of drugs in the past month.**

Occasional Cocaine Use. Because drug use in individuals follows unpredictable patterns — and any cocaine use may lead to addiction — even relatively infrequent cocaine use is cause for concern. The 1988 Household Survey estimated that, compared to 1985, 2.8 million fewer people were using cocaine on a less-than-once-a-month basis. Again on the epidemiological assumption that this sharp decline reflected success with those users easiest to treat or otherwise persuade, and that further progress would therefore likely prove more difficult and less dramatic, the Administration's first National Drug Control Strategy established the following goals for reductions in the number of occasional cocaine users (below the 1988 estimate of 5.8 million): 10 percent (to just over 5.2 million) in two years, and 50 percent (to roughly 2.9 million) in ten years.

Now, however, 17 months later, data from the 1990 Household Survey indicates that the substantial progress against occasional cocaine use has continued, and that the original two-year goal in this category has already been met. Approximately 4.1 million Americans are estimated to have used cocaine less often than once-a-month in 1990.

Occasional Cocaine Use



Source: NIDA National Household Survey on Drug Abuse, 1988 and 1990

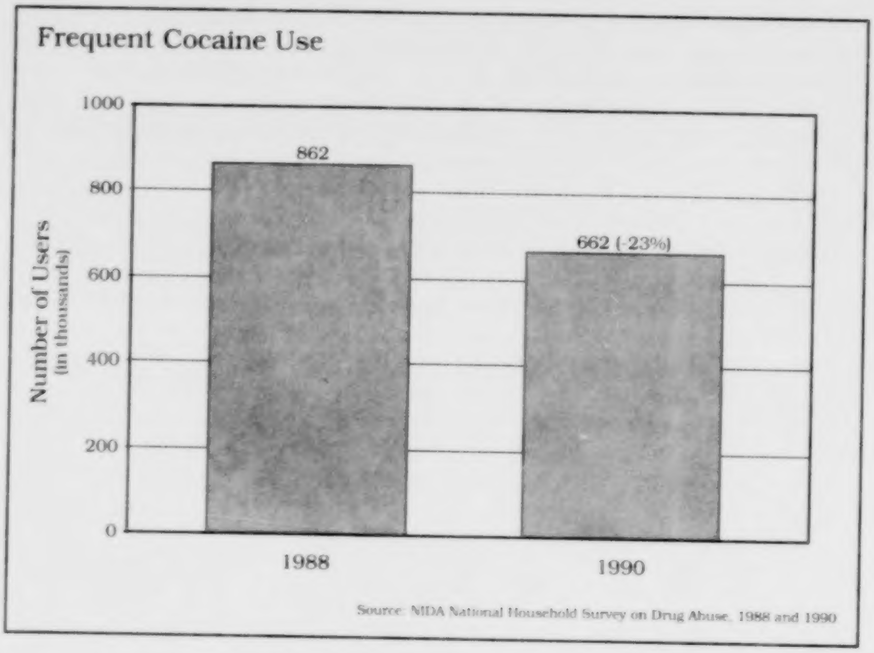
Though future reductions in occasional cocaine use may still prove more difficult, this Strategy has revalidated and revised upward its relevant objectives, as follows:

Original Goal:	**reduce occasional cocaine use by 10 percent.**
Actual:	**goal met. Occasional cocaine use declined 29 percent from 1988 to 1990.**

1993 Strategy Objective:	**a 40 percent reduction below the 1988 level in the number of people reporting less than once-a-month cocaine use in the past year.**
2001 Strategy Objective:	**a 60 percent reduction below the 1988 level in the number of people reporting less than once-a-month cocaine use in the past year.**

Frequent Cocaine Use. Frequent or addictive cocaine use continues to represent the Nation's most serious and difficult short-term challenge. Among Household Survey respondents reporting any cocaine use in the preceding 12 months, the percentage reporting weekly or more frequent use doubled between 1985 and 1988, an alarming increase probably reflecting the prevalence of "crack." The first National Drug Control Strategy established goals designed to reflect the need for a sharp near-term break in this upward spiral, and an eventual sharp reversal of its course: a 50 percent reduction in the rate of increase in the number of people reporting weekly or more frequent cocaine use after two years, and a 50 percent reduction in the total number of people reporting such use after ten years.

Now, however, 17 months later, data from the 1990 Household Survey indicates progress against frequent cocaine use far exceeding that originally anticipated. The relatively small number of survey respondents who fall within this category means that the precise number of those who reported being frequent cocaine users may not be statistically significant. Nonetheless, the data is of sufficient precision to project trends, and thus it appears that recent dramatic increases in frequent cocaine use have not only been halted, but abruptly reversed. Estimated numbers of frequent cocaine users have declined 23 percent, from 862,000 in 1988 to 662,000 in 1990.



Source: NIDA National Household Survey on Drug Abuse, 1988 and 1990

This Strategy has revalidated and revised upward its relevant objectives, as follows:

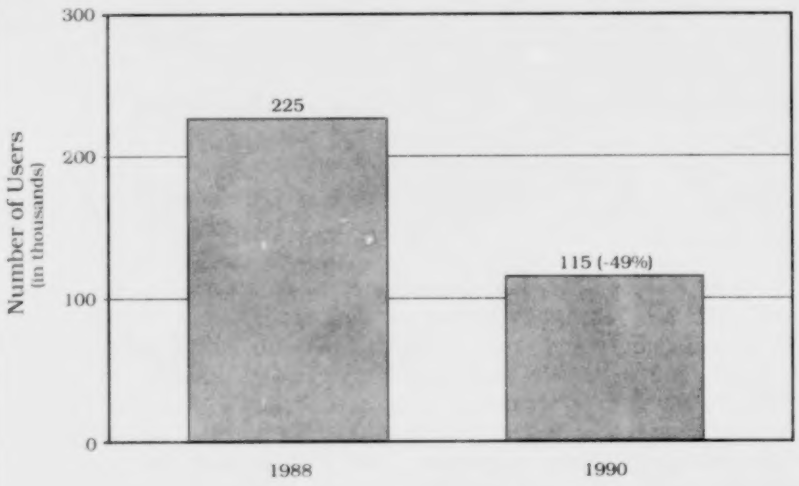
Original Goal:	**reduce the rate of increase of frequent cocaine use by 50 percent.**
Actual:	**goal met. Frequent cocaine use declined 23 percent from 1988 to 1990.**

1993 Strategy Objective:	**a 30 percent reduction below the 1988 level in the number of people reporting weekly or more frequent cocaine use in the past year.**
2001 Strategy Objective:	**a 65 percent reduction below the 1988 level in the number of people reporting weekly or more frequent cocaine use in the past year.**

Current Adolescent Cocaine Use. Between 1985 and 1988, the decline in current (past month) cocaine use by adolescents was the smallest decrease recorded for any age group. Because special concern is warranted in this area, the first National Drug Control Strategy established its most ambitious goals for reductions in the number of current adolescent cocaine users (below the 1988 estimate of 225,000): 20 percent (to roughly 180,000) in two years, and 50 percent (to roughly 112,500) in ten years.

Now, however, 17 months later, data from the 1990 Household Survey indicates that the number of current adolescent cocaine users has already fallen by 49 percent, to an estimated 115,000 — far better, and years faster, than originally hoped for.

Current Adolescent Cocaine Use



Source: NIDA National Household Survey on Drug Abuse, 1988 and 1990

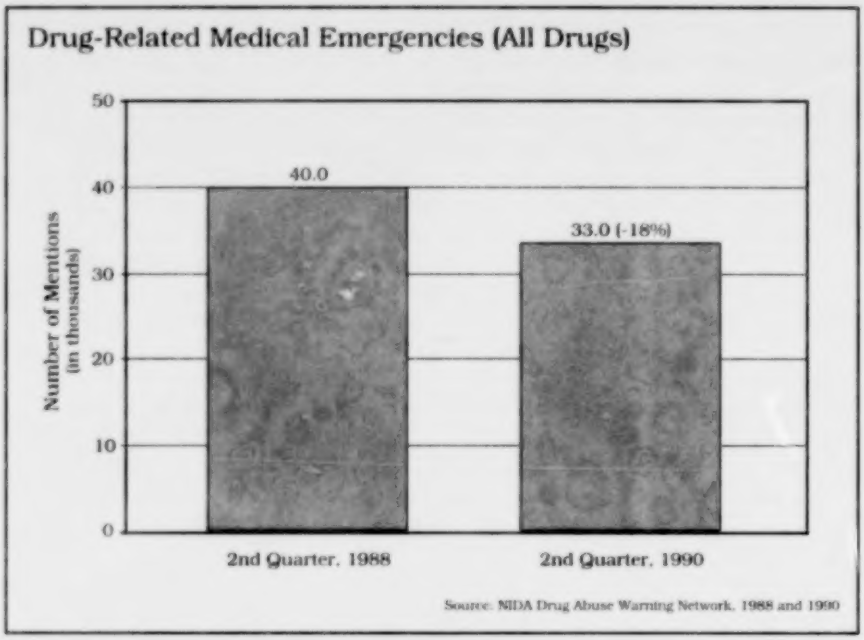
Though further necessary reductions in current adolescent cocaine use may prove more difficult, this Strategy has revalidated and revised upward its relevant objectives, as follows:

Original Goal:	**reduce current adolescent cocaine use by 20 percent.**
Actual:	**goal met. Current adolescent cocaine use declined 49 percent from 1988 to 1990.**

1993 Strategy Objective:	**a 60 precent reduction below the 1988 level in the number of adolescents reporting cocaine use in the past month.**
2001 Strategy Objective:	**a 75 percent reduction below the 1988 level in the number of adolescents reporting cocaine use in the past month.**

Drug-Related Medical Emergencies. The Drug Abuse Warning Network (DAWN) compiles statistics concerning the frequency with which illegal drug use is mentioned by patients admitted to hospital emergency rooms. DAWN statistics are generally understood to measure the health consequences of drug use, from which one can infer trends in frequent or addictive drug use. Between 1985 and 1988, DAWN emergency room mentions rose 360 percent for cocaine, 96 percent for marijuana and hashish, 51 percent for "dangerous drugs" (e.g., LSD), and 40 percent for heroin. The first National Drug Control Strategy established the following goals for reductions in the number of total DAWN mentions: 10 percent after two subsequent years (or eight quarters) of data collection, and 50 percent after ten subsequent years (or 40 quarters) of data collection.

DAWN has recorded dramatic decreases in emergency room drug mentions since late 1988. Between the second quarter of 1988 (before these declines began) and the second quarter of 1990, cocaine mentions have dropped by 26 percent, marijuana and hashish mentions by 23



Drug-Related Medical Emergencies (All Drugs)

Source: NIDA Drug Abuse Warning Network, 1988 and 1990

percent, and heroin mentions by 18 percent. For all drugs combined, DAWN mentions have dropped by 18 percent over this period. This figure meets the goal originally established for this category.

This Strategy has revalidated and revised upward its relevant objectives, as follows:

Original Goal:	**reduce drug-related medical emergencies by 10 percent.**
Actual:	**goal met. Drug-related medical emergencies declined 18 percent from second quarter 1988 to second quarter 1990.**

1993 Strategy Objective:	**by second quarter 1992, a 30 percent reduction below the second quarter 1988 level in the number of emergency room mentions of cocaine, marijuana, heroin, and dangerous drugs.**
2001 Strategy Objective:	**by second quarter 2000, a 60 percent reduction below the second quarter 1988 level in the number of emergency room mentions of cocaine, marijuana, heroin, and dangerous drugs.**

Drug Availability. Our two best indicators of drug availability are first, estimated amounts of foreign-manufactured drugs currently entering the United States; and second, reports by survey respondents concerning the ease with which drugs may be obtained in their neighborhoods. Reduced availability can have an important, beneficial effect on drug demand. As it becomes more difficult to search for, find, and purchase drugs — and as their price goes up because of it — then fewer people (nonaddicts especially) are likely to begin or continue using them. A drop in basic availability indicators remains a focus of national effort. Consequently, the first National Drug Control Strategy established two sets of availability objectives: a 10 percent reduction in estimated amounts of drugs entering the United States after two years; a 10 percent reduction after two years in the number of people reporting that drugs are easy to obtain in their communities; and 50 percent reductions in both preceding categories after ten years. The second National Drug Control Strategy subsequently revised these ten-year objectives slightly upward.

There is strong secondary evidence of recently reduced drug availability: significantly higher wholesale cocaine prices, and significantly lower wholesale cocaine purity, for example. But reported drug availability paints a mixed picture. The annual NIDA-sponsored High School Senior Survey indicates a decrease of only 7 percent since 1988 in the number of seniors reporting that cocaine and marijuana are "readily available." A question has been added to the Household Survey for 1991 about perceived availability, which should additionally refine our understanding of this indicator.

Because further reductions in drug availability remain a high priority, this Strategy carries forward its existing relevant goals for an additional year at the same rate, as follows:

1993 Strategy Objective:	**1) a 20 percent reduction below the 1988 level in estimated amounts of cocaine, marijuana, heroin, and dangerous drugs entering the United States; and** **2) a 20 percent reduction below the 1988 level in the number of people reporting that cocaine, marijuana, heroin, and dangerous drugs are easy to obtain in their communities.**
2001 Strategy Objective:	**1) a 65 percent reduction below the 1988 level in estimated amounts of cocaine, marijuana, heroin, and dangerous drugs entering the United States; and** **2) a 65 percent reduction below the 1988 level in the number of people reporting that cocaine, marijuana, heroin and dangerous drugs are easy to obtain in their communities.**

Domestic Marijuana Production. Domestic production now supplies 10 percent of the marijuana available in the United States, and in absolute quantity it has been growing in recent years — up 20 percent from 1988 to 1989, for example. Necessary American anti-drug initiatives overseas are undercut by the growth of domestic marijuana production. We cannot expect foreign countries to undertake vigorous anti-drug efforts inside their borders if we fail to do so at home.

The first National Drug Control Strategy established the following goals for reductions in domestic marijuana production (below 1988 estimates of 4,600 metric tons): 10 percent (to roughly 4,150 metric tons) in two years, and 50 percent (to roughly 2,300 metric tons) in ten years. The second National Drug Control Strategy subsequently revised the ten-year objective slightly upward.

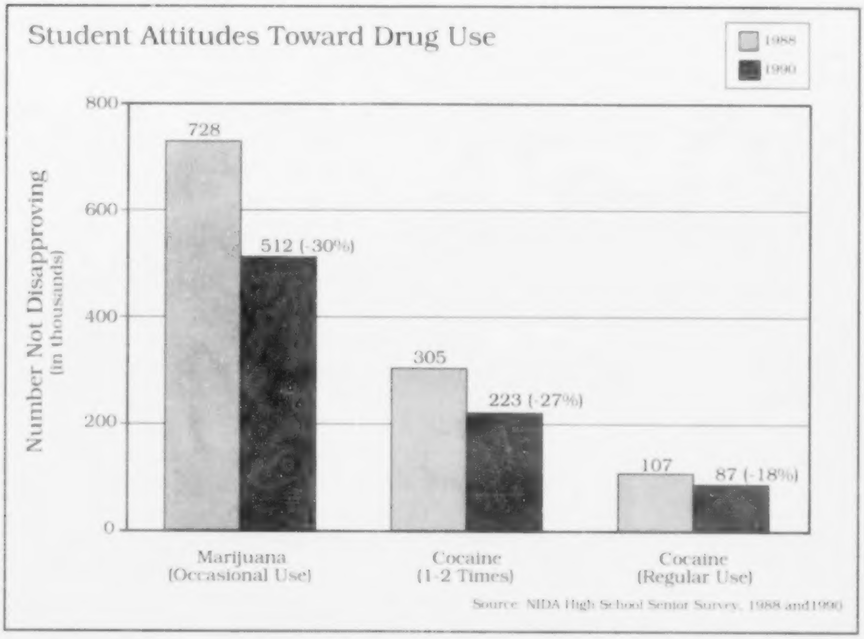
Because further reductions in domestic marijuana production remain a benchmark of national anti-drug resolve, this Strategy carries forward its existing relevant goals for an additional year at the same rate, as follows:

1993 Strategy Objective: **a 20 percent reduction below the 1988 level in estimated domestic marijuana production.**

2001 Strategy Objective: **a 65 percent reduction below the 1988 level in estimated domestic marijuana production.**

Student Attitudes Toward Drug Use. A necessary precondition for further national progress against drugs is that use increasingly be seen (particularly by young people) as unacceptable behavior. In recent years, High School Senior Surveys have indicated that more and more students view illegal drug use unfavorably. Still, effective education and prevention efforts are needed to help drive down the ever-lower percentage of young people who do not yet hold unfavorable views of illegal drug use.

In 1988, an estimated 728,000 high school seniors out of a total of 2.8 million reported that they did not disapprove of occasional marijuana use; 305,000 reported similar attitudes toward experimental cocaine use; and 107,000 responded the same way about regular cocaine use. Based on this data, the first National Drug Control Strategy



Student Attitudes Toward Drug Use

Source: NIDA High School Senior Survey, 1988 and 1990

established the following goals for reductions in the number of seniors reporting such attitudes: 10 percent in each category after two years, and 50 percent in each category after ten years.

Data from the 1990 High School Senior Survey indicates that the number of seniors failing to report disapproval of occasional marijuana use has dropped by 30 percent (to an estimated 512,000); of experimental cocaine use by 27 percent (to an estimated 223,000); and of regular cocaine use by 18 percent (to an estimated 87,000). In each case, these figures meet Strategy goals for student attitudes.

The second National Drug Control Strategy had already revalidated and revised upward its objectives in this area; this third Strategy similarly recasts relevant goals, as follows:

Original Goal:	**reduce the number of high school seniors who report that they do not disapprove of illegal drug use by 10 percent.**
Actual:	**goal met. The number of high school seniors reporting that they did not disapprove of illegal drug use declined 28 percent from 1988 to 1990.**

1993 Strategy Objective:	**a 40 percent reduction below the 1988 level in the number of high school seniors who report that they do not disapprove of illegal drug use.**
2001 Strategy Objective:	**a 65 percent reduction below the 1988 level in the number of high school seniors who report that they do not disapprove of illegal drug use.**

From our progress to date on these indicators, we can take some comfort, and other available data and surveys confirm these trends. But it would be a grave error to conclude that our task is over, or that by maintaining the current level of effort the problem of drugs will go away. Much remains to be done, and we must always be vigilant against the possiblity that the encouraging trends we now see may level off or even reverse themselves. Nonetheless, we are on the right track, and if government, the private sector, and individuals stay the course, we will make further progress. The following pages outline in more detail what efforts the Federal government intends to make, and what others can do.

National Priorities

The Criminal Justice System

In addressing the so-called "supply side" of the drug trade — that is, the cultivation, production, transportation, and distribution of drugs — the President's National Drug Control Strategy proceeds from the assumption that in order to make a serious inroad on the availability and use of drugs, we must bring to bear a broad range of law enforcement, judicial, prosecutorial, penal, intelligence, and diplomatic resources. One of the most effective tools we can use in attacking the supply of drugs — and in reducing the demand for drugs — is the criminal justice system. Through the criminal justice system we identify, arrest, and prosecute those who break our laws; incarcerate the most serious offenders so they cannot further threaten the welfare of society; deter others from involvement in the drug trade; and, by making clear the costs of drug use, cause many more to enter treatment and rehabilitation.

There are indications that our efforts are having success. For example, key drug criminals once thought invincible or beyond the reach of our laws, are being brought to justice. We are also making progress in restricting the flow of drug money, guns and munitions, and essential chemicals so necessary to sustain illegal drug enterprises.

Arresting, prosecuting, and incarcerating those who run drug trafficking organizations — about which more later — is critical, but it is not the only method needed to attack drug trafficking. We must also continue to increase efforts against the other end of the drug producer-to-consumer chain — efforts to deter those who sell, buy, or use drugs. It is at the point of sale to the user that State and local governments can most effectively discharge their duties to enforce the law and secure the safety of their citizens. That can mean, for example, employing "community policing" to strengthen the community's ability to prevent crime by making it difficult for buyers and sellers to complete their transaction.

States and localities can also deter drug trafficking by increasing the risks associated with casual drug use. In the past there has been a tendency to treat casual use as merely a matter of personal preference — a "victimless" crime. We now know that the effects of illegal drug use on society are enormous: from the murder and violence used by the traffickers to eliminate rivals, to the newborn addicted babies, to the drug users on our highways who endanger the public safety, to lost productivity in the work force. Many State and local jurisdictions are employing additional measures to deter casual users. They are enacting new criminal statutes as well as enforcing laws with stiff civil fines for possession of all illegal drugs (even for small so-called "personal use" amounts), by seizing the assets of users in some cases, and by publicizing their identities.

Another sanction to hold drug users accountable is the denial of Federal benefits that are provided at the taxpayers' expense. Section 5301 of the Anti-Drug Abuse Act of 1988 provides Federal, State, and local courts with an additional and powerful deterrent to drug crime by giving courts authority to deny eligibility for a broad range of Federal benefits to individuals convicted of drug trafficking or possession offenses. Under the leadership of the Office of National Drug Control Policy (ONDCP) and the Department of Justice (DOJ), a list of over 462 deniable benefits from 53 Federal agencies was compiled in 1990, and State and local prosecutors and courts were informed of the provisions of the law and how to implement it. The list of deniable benefits includes student financial aid, pilot's licenses, small business loans, and scientific, artistic, and academic research grants.

Long years of experience with both drug-related criminal activities and more diverse and general nondrug-related criminal enterprises, however, yield the inevitable conclusion that a premium must be placed upon dismantling the organizations that traffic in drugs. These organizations produce cocaine, heroin, marijuana, and other dangerous drugs; transport them to our shores; distribute them throughout our communities; and launder the profits that are used to finance the entire cycle.

Drug trafficking organizations operate in a variety of ways. Some organizations specialize in cocaine, heroin, marijuana, or dangerous drugs, and some are involved with more than one type of drug. Some drug trafficking organizations are run in the manner of vertical businesses, controlling every aspect from raw material cultivation or procurement, to production, transportation, wholesale and retail distribution, and financial reinvestments (i.e., laundering the illegal profits). Other organizations are involved with only some aspects of the drug production and distribution cycle. Some individuals, generally the kingpins, have in-depth knowledge of every aspect of their illicit enterprises. Others operate in a more compartmented fashion, aware of only their specific areas and a few others in the organization. Some organizations are "headquartered" in the jungles of Latin America or Asia; others are based in the hearts of our towns and cities.

And so, valuable as law enforcement efforts are in persuading individuals not to use drugs or to stop using them, and in discouraging involvement in the drug trade, we must apply even greater pressure against trafficking organizations that are the primary engines of the drug trade. The National Drug Control Strategy reaffirms the importance of continuing those efforts described in earlier Strategies — the full panoply of Federal, State, and local criminal justice activities, ranging from investigation, arrest, and prosecution, to conviction, incarceration, and rehabilitation. But this Strategy also declares that the systematic, deliberate, and thorough dismantling of drug trafficking organizations will become an even greater area of attention for Federal law enforcement agencies, as well as other arms of the Federal government, including the Department of Defense, the Department of State, the intelligence community, and others (the roles of these agencies will be discussed in subsequent sections).

To their great credit, State and local authorities are also keeping pressure on those who traffic in drugs by tough enforcement with certain punishment for illegal drug activity. As a result, in many once drug-ridden neighborhoods, drug dealers have been expelled, children are playing in the parks, neighborhood school attendance is up, and residents feel safe again. The Strategy calls upon States and localities to continue to increase their law enforcement efforts to improve the likelihood that those involved with drugs will be held accountable by the criminal justice system — through arrest, prosecution, conviction, and appropriate punishment. But we must also acknowledge that apprehending a larger number of drug law violators places more pressure on the heavily burdened criminal justice system. Enhanced enforcement may mean more arrests, which will require more prosecutors, more pretrial-service and holding facilities, more defense services for indigent defendants, more judges, more probation and parole resources, and more jail and prison space.

It is the responsibility of governments at all levels — Federal, State, and local — to meet this challenge by providing the resources that the criminal justice system requires, by effectively managing the resources they already have, and by devising creative ways of enforcing the law. The following describes each component of the criminal justice system and the ongoing Federal, State, and local efforts to extend the progress made over the last two years in improving each component, as well as the new initiatives that will build on that progress.

Law Enforcement

The overarching goal of drug law enforcement is to disrupt and dismantle drug trafficking organizations and their related criminal enterprises. This is accomplished by cutting off the supply of raw materials used to produce drugs, confiscating illegal products, seizing and forfeiting drug profits, and bringing drug kingpins and their accomplices to justice. Successful drug law enforcement efforts raise the level of deterrence so that every drug offender is placed at greater risk of criminal or civil sanction. Law enforcement efforts are properly understood as a continuum from street-level, user-focused efforts to efforts targeted against large and complex drug trafficking organizations. *Federal* law enforcement agencies' activities cover this entire range; *State* and *local* activities can also have a scope this broad. However, for illustrative purposes, it is useful to think of Federal efforts as targeted on complex, interstate, cross-jurisdictional trafficking enterprises, while State and local efforts tend to focus on intrastate, mid-level dealers and users, and street-level enforcement.

Investigations, Drug Trafficking, and Violence. Successful efforts to dismantle drug trafficking organizations begin with effective law enforcement investigations. There are many Federal law enforcement organizations with unique investigative responsibilities. For example, the Drug Enforcement Administration (DEA) investigates and assists in the prosecution of drug traffickers and their accomplices in the United States and abroad and seizes the drugs as well as the assets on which they depend. Total DEA funding requested for these activities in Fiscal Year 1992 is $748 million. This will provide for 6,389 agent and support positions, an increase over Fiscal Year 1991 of 134 agents and 149 support personnel for domestic and foreign operations.

In accordance with the 1990 Strategy, DEA and the Customs Service expanded cross-designation of Customs special agents by increasing the authority of an additional 1,000 Customs agents to conduct drug smuggling investigations. This permits Customs to target the transportation infrastructure of the trafficking organizations and thereby bolsters Customs' ability to interdict drugs crossing our borders.

The Federal Bureau of Investigation (FBI) and the Internal Revenue Service (IRS) also make significant contributions in this area. Among other activities, the FBI investigates multinational organized crime networks that control significant segments of the illegal drug market. Prosecuting the key personnel of these organizations deprives the traffickers of the expertise to carry out their business. The Administration will seek $206 million in Fiscal Year 1992 to expand these FBI efforts. The IRS targets major traffickers through money laundering and tax investigations, and the Administration will seek $87 million in Fiscal Year 1992 for these efforts.

Since many drug crimes involve firearms, the Administration supports strict enforcement of tough sanctions for these crimes. In fact, U.S. Attorneys, through cooperative efforts with local law enforcement agencies, are giving greater priority to prosecuting drug offenses committed with guns. At the Administration's request, Congress authorized in the 1990 Crime Bill the civil forfeiture of firearms used in drug violations. This legislation should prove to be an effective tool for disarming drug traffickers.

Successful investigations of violations of the Federal explosives and firearms laws by the Bureau of Alcohol, Tobacco, and Firearms (ATF) have disrupted trafficking operations by depriving them of their weapons and facilitating the conviction and incarceration of their members. One such program is ATF's Project Achilles, which has led to the prosecution and sentencing of over 1,400 criminals to mandatory prison terms, some of which involve life sentences. Eight more Project Achilles operations are planned for Fiscal Year 1991.

Numerous other Federal law enforcement agencies contribute to the fight against drugs. A complete listing of all drug control program agencies can be found in Appendix C. Their missions and roles have been described in the previous two Strategies.

Task Forces. Drug trafficking enterprises are highly sophisticated and diversified in structure, often international in scope, and usually involved in complex financial transactions. It is often necessary, therefore, to apply pressure to these organizations along several fronts. Multi-jurisdictional task forces are particularly suited to applying law enforcement pressure along several points, such as unravelling money laundering operations, identifying illegal aliens for deportation, pursuing domestic and international fugitives, and seizing dangerous weapons. Since it is common for law enforcement personnel from all levels of government to work at various levels of the trafficking continuum, it is essential that Federal, State, and local law enforcement agencies work together. Their roles are closely related and frequently interchangeable. That is why the close coordination of task forces, particularly Organized Crime Drug Enforcement Task Forces (OCDETFs) and the DEA State and Local Task Forces, has been advocated by the first two National Drug Control Strategies and is again strongly endorsed here.

OCDETFs combine the expertise of Federal, State, and local law enforcement agencies to identify and assist in the investigation and prosecution of those who organize, direct, and finance large-scale drug-related and money laundering enterprises. To support these efforts, the Administration is seeking $402 million for OCDETFs in 1992, an increase of $67 million (20 percent) over Fiscal Year 1991.

In Fiscal Year 1991, the 71 DEA State and Local Task Forces support drug law enforcement initiatives in communities throughout the country and have been particularly effective against mid-level drug traffickers. In Fiscal Year 1991, such cases yielded over 6,000 arrests, nearly 20 percent of which involved major violators. These task forces are among our most effective law enforcement vehicles and provide greatly needed assistance to State and local law enforcement efforts. The Administration is requesting a total of $55 million for these activities in Fiscal Year 1992.

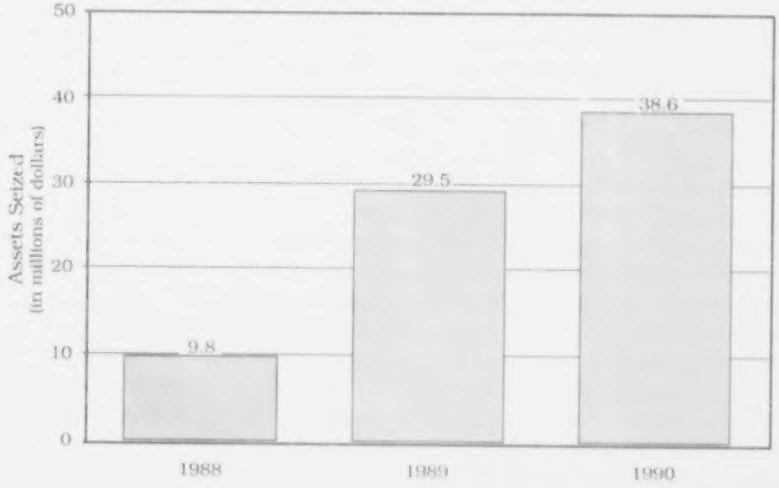
Asset Seizure and Forfeiture. The authority to seize and forfeit the property, profits, and other assets of drug criminals is one of the most powerful law enforcement weapons we have. By taking these actions, we severely impede the continuation of the criminal enterprise and prevent the individual trafficker from running his business from prison. Additionally, the assets that are seized strengthen law enforcement operations because, through equitable sharing, they are a significant source of revenue for State and local law enforcement agencies. In Fiscal Year 1991, the Federal government transferred $240 million in assets to State and local law enforcement agencies in all 50 States and the District of Columbia.

Many States have strengthened their asset forfeiture laws by providing courts the jurisdiction to seize the out-of-State property of drug traffickers, or by permitting the substitution of nondrug-related assets when drug-related assets are unavailable for forfeiture. Some States have required a majority of the proceeds from asset forfeitures to be earmarked for law enforcement, which provides an excellent incentive for State and local law enforcement agencies to pursue drug traffickers aggressively and helps defray the costs of such efforts. States are strongly encouraged to enhance their asset forfeiture laws in these ways. In November 1990, ONDCP published the first annual "State Drug Control Status Report" that shows which States have adopted these and other important anti-drug provisions (this report is discussed in further detail in Appendix C).

Domestic Marijuana Cultivation. The United States is a major marijuana producer: as much as 10 percent of the marijuana available for consumption within the United States is grown domestically (with notable increases in the amount of marijuana being cultivated indoors). Eliminating this illegal activity is important for many reasons, not the least of which is that it sends a strong message to other nations that our position on eradication of illegal crops is not merely rhetoric. Federal Departments participating in the marijuana suppression effort include the Departments of Defense, Agriculture, Justice, and Interior. The Administration will request $87 million in Fiscal Year 1992 for the cannabis eradication programs of these agencies.

The DEA Domestic Cannabis Eradication/Suppression Program coordinates efforts of Federal, State, and local police and the National Guard to eradicate domestically cultivated cannabis. Although manual eradication has been the traditional technique employed, the govern-

Domestic Cannibis Eradication/Suppression Program (Assets Seized), 1988-1990



Source: Drug Enforcement Administration, 1991

ment will employ environmentally sound aerial herbicidal techniques where possible. In 1990, this program resulted in the eradication of 7.3 million cultivated plants (a 30 percent increase over the number of plants eradicated in 1989), 5,729 arrests, and nearly $39 million in seized assets. DEA supports this program by contributing funding, training, equipment, and investigative support to local governments. The Administration will seek $15 million in Fiscal Year 1992 to continue these worthwhile endeavors.

Much of the domestic cultivation of marijuana occurs on our public lands, which make up about one-third of this Nation's land area. The Administration is committed to ending such activity and returning all of our public lands to their intended use. ONDCP's Public Lands Drug Control Committee coordinated several marijuana eradication efforts on Federal sites in 1990. For example, a Federal, State, local, and National Guard operation in the Daniel Boone National Forest in Kentucky resulted in the destruction of several hundred million dollars' worth of marijuana. Similar operations will be conducted in other areas in the future.

Reserve Component Support. Putting drug traffickers out of business requires drawing upon personnel from all available sources. Our Federal, State, and local law enforcement officials sometimes find themselves seemingly overwhelmed by the sheer volume of drug activity. We must, therefore, draw upon all available resources to assist enforcement agencies. One such effort over the last few years is the use of the National Guard, under the command of State authorities, to support Federal, State and local enforcement efforts. In this role, the Guard conducts air and ground reconnaissance, tracks suspect aircraft, and assists in marijuana eradication, cargo and container inspections, and transporting criminal aliens and pretrial detainees. To support these activities, Federal funding for the National Guard effort totalled $28 million in Fiscal Year 1989 and $112 million in Fiscal Year 1990. In 1991, Federal reserve component military personnel will increasingly augment active component and National Guard support to law enforcement. Accordingly, funding for the National Guard and other reserve components will total $193 million in Fiscal Year 1991.

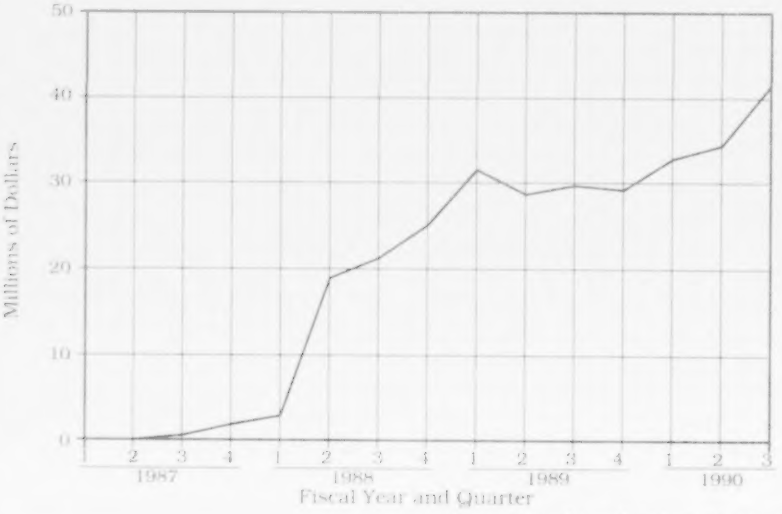
Licit Drugs. The availability of legitimately produced pharmaceuticals for illicit purposes remains a major problem in the United States, although there are indications such use has been decreasing. Significant quantities of pharmaceuticals are diverted for illicit purposes through illegal sales of controlled substances, indiscriminate prescribing and dispensing, prescription forgery, and theft. Licitly produced controlled substances are involved in an estimated 21 percent of all drug-related emergency room mentions. A substantial reduction in the availability of diverted drugs will require mobilizing the law enforcement (especially DEA) and regulatory communities to apply stricter controls against the diversion problem. In collaboration with those agencies responsible for licit pharmaceutical control and for determining the scope of drug use and related research issues, ONDCP will review in Fiscal Year 1991 new means to monitor and control the distribution of these drugs, including multiple copy prescription programs, now utilized by several States.

Drug Paraphernalia. In 1979, DEA drafted the Model Drug Paraphernalia Act to provide States and local jurisdictions with comprehensive and uniform legislation to combat the manufacture, distribution, and sale of paraphernalia intended for use with illegal drugs. Since then, 43 States have passed laws based on the Act. States without such laws serve as "safe havens" for paraphernalia distributors, thereby undermining efforts underway elsewhere in the country. Accordingly, the Administration continues to urge all States to pass similar anti-paraphernalia laws. Customs will continue its Paraphernalia Interdiction Program for Enforcement (PIPE), which has seized paraphernalia worldwide with an estimated wholesale value in excess of $100 million. In addition, the Administration is continuing to seek changes to the Drug Paraphernalia Act of 1986 to facilitate the identification and seizure of drug paraphernalia distributed by mail. The 1990 Crime Bill provides new civil forfeiture authority for drug paraphernalia that will allow Federal, State, and local authorities to seize and forfeit any paraphernalia that is found. To facilitate State and local prosecution of drug paraphernalia offenses, DOJ will issue a prosecution manual in the spring of 1991.

Law Enforcement Personnel. Critical to our law enforcement efforts is the recruitment and retention of high quality, well-trained law enforcement personnel. The recently enacted Federal Law Enforcement Pay Reform Act of 1990 will enhance the government's ability to recruit and retain such personnel.

State and Local Criminal Justice Systems. Since most drug crimes are prosecuted under State and local laws, State authorities bear the greatest burden in protecting their citizens from drug-related crime. One of the ways that the Federal government assists States is by providing grants for criminal justice initiatives through DOJ. In Fiscal Year 1991, the Federal government provided $490 million for the Bureau of Justice Assistance (BJA) to assist State and local law enforcement: a 10 percent increase over Fiscal Year 1990 and 230 percent more than when the Administration took office. These funds can be used to provide valuable "seed money" for new efforts by law enforcement and within the criminal justice system. Most of these funds are awarded to States as block grants. Outlays from these grants have grown steadily, as shown in the graph below. In December 1990,

Quarterly Outlays from Justice Formula Drug Grants to States, 1987-1990



Source: Office of National Drug Control Policy, 1990

ONDCP published "Federal Drug Grants to States," describing the process used to make such funds available for State and local projects and how long it takes to get these funds from the Federal to the State and local level. A copy of this publication can be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325.

Another effort to increase pressure on trafficking enterprises is the designation by the Federal government of certain areas of the country as High Intensity Drug Trafficking Areas. This topic is discussed in greater detail in Appendix A.

Courts, Prosecutions, and Punishment

If money is the lifeblood of the drug business, then those who distribute, sell, and buy drugs are its backbone. Without them, the business cannot be sustained. The inevitable result of enhanced street-level law enforcement and efforts to dismantle criminal drug organizations is more arrests and, consequently, more pressure on the heavily burdened judicial and corrections components of the criminal justice system. In order for criminal justice efforts to be truly effective, it is critical that, once arrested, criminals face swift and certain prosecution and — if convicted — punishment. When that punishment includes incarceration, it serves to disrupt drug trafficking organizations in two ways: by preventing offenders from committing future crimes, at least while they are in prison; and by deterring others from involvement in the drug trade.

Too often, however, the current system is unable to guarantee such a result. Without sufficient prosecutors, judges, probation officers, jails, and prisons, the criminal justice system can become nothing more than a revolving door through which arrested criminals are released within hours, to return to the streets to terrorize neighborhoods.

Post-arrest and Pre-sentencing Detention. The Federal detainee population has grown from nearly 4,000 in 1981 to nearly 15,000 today, a 274 percent increase. To meet today's needs and accommodate future growth in the detainee population, the Administration is seeking $45 million for the U.S. Marshals' Prison Transportation and Detention program to manage the estimated 13,250 drug-related prisoners who will be in custody during Fiscal Year 1992.

The Administration urges that States enact pretrial detention statutes similar to the Federal pretrial detention statute. Although this will put a serious strain on already overcrowded jails in some areas, State and local governments must increase their capacity to deal with this problem. (This subject will be discussed later in this section.)

Prosecutions. For the criminal justice system to fulfill its goal of deterrence, those involved in the illegal use and sale of drugs and those contemplating involvement must be on notice that they will be swiftly and vigorously prosecuted if they are arrested for a drug offense. To accomplish this, the Strategy calls for expanding the number of Federal prosecutors and support staff devoted to fighting drugs. In Fiscal Year 1990, nearly 700 drug-related positions — including 320 attorneys — were earmarked for drug prosecutions as part of the President's Violent Crime Initiative. Virtually all the positions for attorneys and technical professional support staff have been filled. The Administration seeks funding for an additional 21 drug-related U.S. Attorney positions in Fiscal Year 1992 for the Superior Court of the District of Columbia.

There is no less urgent a need for such personnel at the State level. The Strategy calls for States to devote significant portions of their law enforcement funds — including those received from Federal sources — to expand their ability to prosecute drug criminals.

The Courts. The most pressing problem for the court system is the enormous number of criminal prosecutions, a growing number of which are drug-related. These cases increase the workload of court personnel and add to the existing backlog of cases. Critical to the successful prosecution of these cases are sufficient judgeships. Without them, we will continue to have a bottleneck in the criminal justice system. There are 125 vacant judgeships, including 85 new judgeships approved by Congress at the close of the last session. The Administration will soon make nominations to fill these critical positions and urges Congress to fill these old and new positions through expeditious confirmation of nominees. In Fiscal Year 1992, the Federal Judiciary will seek $424 million for drug and related activities involving a projected 27,800 defendants and 29 percent of all felony criminal cases within the U.S. Court system.

Although State and local law enforcement agencies bring drug cases to Federal courts for prosection, the vast majority of these cases will continue to be prosecuted in State and local courts. This will create additional need for States to expand their court systems by providing the necessary personnel to respond to increased drug cases. The Administration encourages this expansion as well as other efforts, such as the creation of drug courts that would process drug-related cases exclusively, or otherwise provide for the expeditious handling of drug cases where appropriate. For example, Middlesex County, New Jersey, has developed an expedited drug case management program that puts drug cases in one of two special tracks. In the first nine months of 1990 most cases involving drug users, sales of small amounts of drugs, and first-time offenders were adjudicated in less than 16 days instead of the normal 250 days.

Drug Testing. Drug testing through urinalysis is the only practical, reliable way to determine whether offenders have abstained from drugs while incarcerated or under correctional supervision, on parole, or on probation. In fact, the National Drug Control Strategy calls for drug testing to be a part of every stage of the criminal justice process from the time of arrest through parole. Accordingly, the Administration has proposed legislation that would condition receipt of Federal criminal justice funds upon States' adopting drug testing programs in at least some part of their criminal justice systems. The Administration also proposes that Federal offenders who are on parole, probation, or other forms of supervised release be required, as a condition of their release, to refrain from illegal use of drugs, as monitored by regular random drug testing.

Juvenile Justice. All businesses must attract new customers and employees to sustain growth. The illegal drug trade is no exception. Sadly, our Nation's youth are particularly susceptible recruits because of the appearance of "easy money" and the glamorous reputation of drugs and drug dealers in some quarters. Therefore, the National Drug Control Strategy calls for mobilizing juvenile justice agencies at all levels to deter youngsters from entering the drug business. Minors must be taught early that they cannot misbehave with impunity, and parents who have failed in their responsibility must be encouraged to control the behavior of their children. Certainty — even more than severity — of punishment is of particular importance in such situations. Measured responses demonstrate to young people the necessary boundaries of appropriate behavior. In 1991, ONDCP will analyze the juvenile justice problem and methods of dealing with young drug offenders and make any appropriate recommendations.

Death Penalty. In 1990, the Administration proposed legislation that would authorize imposition of the death penalty in cases involving three categories of drug offenders: 1) major drug kingpins; 2) drug kingpins who attempt to kill in order to obstruct justice; and 3) Federal drug felons whose offenses result in death. Offenders in these three categories could be sentenced to death if: 1) the indictment is approved by the Attorney General; 2) the jury finds the existence of one or more additional aggravating factors, which provide particularly strong evidence of dangerousness, incorrigibility, or indifference to human life; and 3) these aggravating factors outweigh any corresponding mitigating factors. Congress has not yet enacted such legislation even though both Houses passed versions of this in 1990. The Administration strongly urges Congress to do so early in the new session.

The Corrections System

As law enforcement officials step up the pressure on drug trafficking and the crime it spawns, it is critical for the corrections system to provide sufficient prison and jail space, adequate community supervision, and meaningful intermediate punishments. But despite the estimated $18 billion spent annually on constructing and operating prisons and jails nationwide, there are too few of these facilities to meet current and future needs, and many are operated inefficiently and characterized by overcrowding, drug use, and violence. This tends to weaken the deterrent effect that incarceration must have, thus encouraging more drug crimes.

To address these problems, we must focus our attention on three priorities. First, we must build much needed new prisons and jails; second, we must contain costs in existing facilities; and third, we must do a better job of managing prisons to alleviate the strains caused by the number of inmates in the system. Each of these priorities is discussed below.

Increasing Prison and Jail Capacity. There is a commonly held belief that the American corrections system has failed. But the fact is that until recently, corrections has not been a priority in allocating resources. During the past two decades, prison and jail construction was opposed vigorously in many jurisdictions. At the same time, the physical plants of many penal institutions throughout the country deteriorated, and staffing levels failed to keep pace with population growth and the need for expanded programming. During this same period, probation and parole staffing were not increased sufficiently to handle higher caseloads. Consequently, the only available solution in many jurisdictions was to cram more beds into outdated facilities.

Both the Federal prison system and most State and local facilities suffer from serious overcrowding problems. In mid-1989, on average, local jails were operating at 108 percent of their rated capacity (the design capacity of the institution less hospital, segregation, and detention beds that are not used for general population inmates). Many urban and suburban jails are more overcrowded, some reaching 300 percent of capacity. In January 1990, the combined Federal and State prison populations were approximately 116 percent of rated capacity, and in November 1990, the Federal prison system was at 169 percent of its rated capacity. Overcrowding reflects not only double, even triple bunking of cells, but also severely taxes core facilities, including food service, training facilities, and utilities.

As the National Drug Control Strategy is implemented, increasing numbers of offenders are passing through the criminal justice system at the Federal, State, and local levels. Some of these offenders, such as certain first-time users, can rightfully be dealt with by using intermediate punishments (i.e., something between unconditional release and imprisonment). For many more serious offenders, however, the only appropriate punishment is removal from society for an extended period of time. It is imperative, therefore, that there be sufficient space available in the Nation's corrections facilities to house serious drug offenders for the full term of their sentences. However, the complaint is sometimes heard that prisons and jails are too expensive — that a year in prison can cost more than a year in a private college. But such a comparison focuses on the wrong measures of cost. No matter how much it costs to keep drug traffickers in prison, it costs society far more to have dangerous criminals out on the street because of insufficient prison space.

State and Federal governments spent over $6.7 billion on new prison construction during 1989 and1990, adding more than 128,000 new beds to prison capacity. The Federal government alone dedicated $1.5 billion to Federal prison construction in Fiscal Year 1990. An additional $374 million was appropriated in Fiscal Year 1991 to add another 6,175 beds to the Federal system, and the Administration is seeking $316 million in funding in Fiscal Year 1992 for an additional 3,600 beds. Cumulatively, approximately 50,000 beds are under design, construction, or in the planning stage in the Federal prison system through Fiscal Year 1996. Despite this substantial growth in new prison and jail construction, more space is critically needed. Today, more than one million persons are confined in U.S. prisons and jails. And because 92 percent of these persons are incarcerated in State and local prisons and jails, States and localities will be principally responsible for most of this expansion.

Intermediate Punishments. All those engaged in illegal drug use must be held accountable for their behavior, yet not all convicted drug offenders need to be incarcerated. All too often, criminals are not incarcerated because imprisonment is considered the only punishment and the prisons are crowded. The alternative has been unsupervised community release, the consequence of which is that convicted drug users and traffickers continue to buy and sell drugs unhindered, and eventually reenter the criminal justice system. However, intermediate punishments — which expand the range of options between incarceration and unsupervised release — can provide innovative ways to assure swift and certain punishment, which in many cases will deter further criminal acts. Further, intermediate punishments complement and enhance a State's ability to punish drug offenders in a less costly and more efficient fashion. Such punishments are *not* a safety valve to relieve prison crowding, and cannot serve as a substitute for needed prison construction. Public safety demands that serious offenders be incarcerated. Many States are employing a broad array of intermediate punishments for a range of drug offenders, especially for the casual user and the younger, nonviolent first-time offender whose presence in the community poses no risk. Among the most likely candidates for intermediate punishment are those who have been convicted of crimes punishable by imprisonment, but who, because of concerns about prison overcrowding, will not otherwise receive an appropriate penalty.

While communities should adopt the intermediate punishments that best meet their particular needs, many communities have begun to experiment with the promising initiatives identified in the 1989 and 1990 National Drug Control Strategies. These include shock incarceration (or so-called "bootcamps"), house arrest, electronic monitoring, and intensive probation supervision. Electronic monitoring programs, for example, provide more accountability and supervision for offenders who require a higher level of oversight, but for whom a prison bed would be unnecessary and costly. In these programs, the offender is required to wear a nonremovable electronic device that enables staff supervising the program to determine whether the offender is in an authorized location at any given time. Various technologies are available in the marketplace, and monitoring can be done by a contract service or by the government itself. The cost of a typical electronic monitoring program is $7 per day, compared with about $30 per day for a typical minimum-security prison.

Home confinement is another intermediate punishment option that can be used effectively with nondangerous offenders. In this program, inmates spend the final portion of their sentence at home, while still in the custody of the correctional agency. Many community corrections programs have used this approach for many years, calling it "live out" status. By allowing such offenders to leave home only to work at their regular jobs, the court can require offenders to support their families and pay restitution, court costs, and even the cost of their supervision in the community. This can be a cost-free confinement option for society. One particularly promising program run by the Hampden County Sheriffs Department in Massachusetts uses "Day Reporting Centers" where offenders report in the morning to a central facility. After treatment, random drug testing, and employment verification checks, those with jobs report to work. Earned wages can be garnished to pay for victim restitution, fines, and other costs. The National Institute of Corrections (NIC) began a project in 1989 to expand the use of intermediate punishments in 12 jurisdictions with populations over 250,000. Due to the favorable response to this program, an additional 12 medium and large jurisdictions will be added to this project in Fiscal Year 1991.

Reducing Prison Construction and Operating Costs. The initial cost of construction constitutes only about 3 to 5 percent of a typical institution's lifetime cost. Operating expenses are a far greater percentage of total costs, and the largest part of that figure is staff salaries.

Many jurisdictions are struggling to fund current operating costs, a problem that is exacerbated as additional facilities are coming on line. There are several important ways by which prison construction and operating costs can be minimized. For example, proper design keyed to actual security needs pays off in lower construction costs and in reduced year-to-year operating costs. Critical to this endeavor is the proper security classification of prisoners, discussed later in this section. Building prisons that are more secure than necessary for the security category of inmates incarcerated there wastes resources by unnecessarily increasing staffing and construction costs.

States should also explore innovative construction design to help contain costs with technical assistance in planning, designing, and constructing prisons from NIC. Some States, for example, are using modular and precast concrete and constructing larger prisons where economies of scale are expected to generate cost savings. The Federal Bureau of Prisons (BOP) and several States are considering or have implemented various prison design changes that allow as many as four correctional facilities of different security levels to be constructed on one site. This achieves immediate savings because co-located sites can reduce initial construction costs, with additional savings possible because of the joint use of facilities and staff. Where the political and administrative impediments to co-location can be overcome, more use should be made of this practice, particularly by smaller jurisdictions at the State or local level or those with high construction or operating costs.

States are also encouraged to convert closed or underutilized facilities such as colleges, seminaries, hospitals, and military facilities into prisons and jails. The Federal government assists State governments in finding suitable sites for their new correctional facilities. For example, the President's Commission on the Alternative Utilization of Military Property was established to identify underutilized Department of Defense property for use by Federal and State governments as prisons, among other uses. Those sites that were identified in 1990 as suitable for conversion to prisons were referred to the appropriate States and the search for viable properties continues. NIC will work with States by identifying other sites at military bases selected for closure under the Military Base Closures Act. The General Services Administration is continuing to examine all surplus Federal property for suitability as prison sites.

Where private management of prisons meets or exceeds contemporary professional standards in a cost-effective manner, and protects the security of the public and the legal rights of prisoners, more use should be made of it.

Deporting Criminal Aliens. More than 10,000 criminal aliens are being held in the Federal BOP facilities as the estimated combined

Federal, State, and local alien inmate population approximates 100,000. Because many crimes are committed between the time alien traffickers are released and when they are deported, the Immigration and Naturalization Service will continue to enhance efforts to complete deportation proceedings early — that is, during incarceration and not following release. Overall, we expect this to lead to a decrease in the number of criminal aliens who will reenter the criminal justice system.

The Administration sought legislation in 1990 to streamline exclusion and deportation procedures by eliminating some administrative avenues of appeal while fully maintaining the judicial appeals process. While the Immigration Act of 1990 enhanced our ability to deport aliens, the final language failed to include all of the Administration's proposed amendments. We will continue to pursue them in the current session.

Managing the Expanding Prison Population. Both the Federal prison system and most State and local facilities suffer from overcrowding problems. As the recommendations of the criminal justice portion of the Strategy are implemented, prison overcrowding is likely to continue, posing difficult policy choices. Severe overcrowding can lead to violence, riots, and escape attempts. For these and other reasons, some courts have established caps on the prison population. Currently, 37 States and the District of Columbia are under court order to reduce overcrowding in either their entire system or specific institutions.

But court-ordered population caps bring their own set of problems, as well. For example, when a State's entire system is deemed to be overcrowded, criminals who are likely to commit additional crimes must sometimes be released early. Additionally, prosecutors who are aware of these caps, may limit recommendations of lengthy sentences to only the most serious offenders and agree to nonincarceration punishments for others who should legitimately be incarcerated. Judges, too, might take overcrowding into account and impose shorter prison terms. When either or both occur, the community and the offender are ill-served.

The chief way to reduce overcrowding is, of course, to build new facilities, as discussed above. But even if new prisons and jails are constructed at a breakneck pace, several years will pass before there is sufficient capacity to accommodate all the offenders brought into the system by the present drug crisis. And even after the new facilities are brought on line, some residual overcrowding is likely. It is therefore necessary to manage crowding in ways that do not involve construction alone. For example, greater use should be made of community corrections programs that are integrally linked to an effective offender classification system. The organizational infrastructure of correctional agencies should be upgraded by adding state-of-the-art planning, research, and information systems to support daily operations. Another key to reaching this goal is an effectively trained staff.

Training Staff. As the Nation's corrections systems are expanded, it is essential that they continue to be staffed by appropriately skilled personnel. Where a highly trained staff is absent, a much greater potential exists for violence and other criminal acts. For this reason, NIC funds research and development and provides training, technical assistance, and information services to States and localities. In Fiscal Year 1990, NIC trained nearly 3,400 correctional administrators, managers, and other staff, in numerous subjects including substance abuse programming. NIC also provides technical assistance to State and local corrections programs through visits and grants and, in 1991, will publish guidelines for improving substance abuse programs in prisons. In Fiscal Year 1991, the NIC budget was nearly $6 million; the Administration is seeking slightly more than $8 million for these operations in 1992.

A properly trained and managed correctional staff also helps to contain costs. Every prison employee, from secretary to warden, should be trained in basic correctional skills in addition to their primary jobs. The additions of these skills to the corrections work force gives prison administrators flexibility in assigning staff to various posts when necessary in a time of crisis, and even in daily operations. For example, separate security staff coverage is not required in every institutional area when nonsecurity staff are also present. This reduces the need for expensive duplicate coverage in all areas of the institution.

Rehabilitation-Oriented Training Program. The Department of Defense is conducting a program to provide appropriate training services to requesting Federal, State, and local agencies on the establishment and operation of rehabilitation-oriented training camps for first-time drug offenders. The purpose of the program is to "train the trainers;" that is, to give the correctional officers an understanding of basic disciplinary skills, which they can apply in a correctional setting.

Expanding Prison Industries. As overcrowding in prisons continues, the need to prevent idleness and boredom in prisoners, which can lead to explosive situations, grows concomitantly. Many Federal and State prison administrators have found that prison labor programs considerably ameliorate the adverse effect of overcrowding and are essential for orderly prison management. Such programs also provide inmates the opportunity to learn a trade that will benefit them when they reenter the labor market upon release. But the rapid increase in prisoners has outstripped the number of work opportunities, so that nationally only 8 percent of prison inmates are employed in prison industrial programs. New work opportunities must be identified.

Federal Prison Industries, a government corporation operating under the trade name UNICOR, employs about 30 percent of the Federal inmate population to produce goods for sale to the Federal government (its only customer). By almost any standard, UNICOR has been a highly successful program. Revenues from the sales of its products cover all of its expenses, and any money left over is invested in new factories and equipment. A goal of UNICOR is to expand its activities to keep pace with the inmate population expansion, because alternative programs must be developed to keep productive those prisoners who are not employed by UNICOR. However, these other programs likely would not be self-supporting. Although some have expressed concern about expansion of UNICOR's activities, this enterprise has less than 1 percent of the Federal Government market. The Administration opposes efforts to restrict UNICOR's opportunities.

Eighteen States have partnerships with private sector industries, permitting these companies to hire prison labor at prevailing wage rates, and, in some cases, deducting the costs for prisoner living expenses, child support, fines, alimony, and taxes. In addition, the 1990 Crime Bill authorized the expansion of private sector involvement in prison work from 20 States to all 50. The Administration encourages other States to consider entering into similar partnerships, where feasible.

Prison Drug Treatment Programs. As many as 80 percent of the inmates who enter prison have a history of alcohol or drug abuse. Therefore, drug treatment programs in prison can reduce recidivism rates, crime rates, prison overcrowding, and increase the capacity of the criminal justice system to work more effectively. In the past, drug treatment programs in prisons have largely used short education programs and inmate-run, self-help groups. While this approach may work for some drug users with acceptable levels of socialization, criminals who have committed more serious offenses or are not amenable to voluntary treatment require different handling. The Strategy places high priority on serving the treatment needs of this group. A further discussion of this topic can be found in the Drug Treatment section.

Enhanced Punishments for Drug Crimes in Prisons. Drug use and trafficking in prison are inimical to order and discipline and are, of course, illegal. The Administration will continue to seek changes in Federal law to increase penalties for drug possession inside prisons, jails, or predetention facilities, and for smuggling or attempting to smuggle drugs into such institutions. States such as Pennsylvania and Texas have already enacted similar laws and others are urged to do so.

Closing the "Good Time" Loophole. The Federal government and some States have abolished parole boards in lieu of mandatory prison sentences for certain crimes. Most States and, to a limited degree, the Federal government grant or withhold "good time" as an incentive for good behavior. In some cases, however, good time is conferred by a predetermined formula and, once conferred, cannot be rescinded. This practice serves to undercut the effectiveness of tough mandatory sentences, and at the same time makes prison management more difficult. Prisoners have no incentive to improve their behavior, or to control their aggression when good time awards are automatic, or credit cannot be rescinded for misconduct. The Strategy encourages States that have not already done so to eliminate this practice and to give prison managers the discretion to award or remove good time, depending on a prisoner's deportment.

Classification. Prisoners are assigned to a prison, as well as living units and programs within that prison, based on various classification procedures. Prisoners should be incarcerated in the least restrictive (and therefore less costly) level of security appropriate to their security requirements. Inappropriate classification at any level can be dangerous and expensive. For example, if prisoners are confined at more secure prisons than is necessary, or if prisoners are inappropriately assigned to treatment programs, then taxpayers' dollars are spent unnecessarily to overbuild prisons (as noted above) with expensive security features and services that are not required. On the other hand, a valid, well-managed classification system that disperses inmates throughout the system in accordance with their actual security and supervision needs makes it easier to manage overcrowding. The Administration supports the classification system development and training work of the NIC and the National Institute of Justice, and assigns these efforts a high priority to improve the match between a prisoner and the "punishment setting."

Accurate classification also facilitates identification of offenders with special treatment or supervision needs (e.g., HIV/AIDS-infected offenders) and assignment to facilities or programs that can meet these needs. Consolidation of these cases enables delivery of sufficient, cost-effective services to these groups of special-need offenders. It also allows more accurate assessment of the needs of the offender population and planning for construction and staffing of appropriate facilities.

Probation and Intensive Supervision. About three-fourths of those individuals under the supervision of the corrections system are not incarcerated, but are on probation or parole. In 1989, the Nation's Federal, State, and local probation population reached a record 2.5 million adults. The number of parolees now numbers almost 460,000. Probation, parole, and community corrections are integral parts of the Nation's correctional system. These structured supervision mechanisms already are responsible for managing about two-thirds of all Federal offenders. Yet even though the greatest number of offenders are under these types of supervision, they are receiving a disproportionately small amount of current resources. A priority of the National Drug Control Strategy is to ensure that proper attention is also focused on these noninstitutional facets of the correctional system.

Community supervision is highly effective for many categories of offenders who pose no threat to the community. Gauged against the rising costs of incarceration, such an alternative must be considered. Nationwide, it costs about $2 per day to supervise a probationer, and $3 for a parolee. Federal costs are slightly lower. In contrast, typical State and Federal prison costs now average over $46 per day nationwide. Jail costs average $52 per day, ranging from $14 to $160 per day. Redirection of some resources to community supervision, when community safety would not be compromised, could pay significant dividends. This option is often overlooked as a critical part of the criminal justice system.

For probation to be effective, however, probation violators must be punished immediately by such means as house arrest, electronic monitoring, shock incarceration, or, in some cases, incarceration. Certainty of punishment is more important than severity of punishment in this regard. In many jurisdictions, however, the lack of sufficient prison space and personnel to administer the program permits those who violate the conditions of their probation to remain free until they are arrested again for yet another offense. It is imperative that State and local governments increase prison and jail capacity and the number of probation personnel in order to ensure that probation violators are punished. In support of this, BJA grants for State and local law enforcement, mentioned earlier, should continue to help provide for intensive supervision pilot programs. Such programs, which monitor offenders more closely than do less structured probation programs, may be better suited than regular probation to meet the special requirements of drug offenders.

As of June 1990, more than 24,000 drug-related defendants were being supervised by the Federal probation system. The Judiciary is seeking $166 million in Fiscal Year 1992 for pretrial services and probation drug-related activities, so that Federal defendants, probationers, and offenders on supervised release can be properly supervised and can obtain needed services, such as treatment.

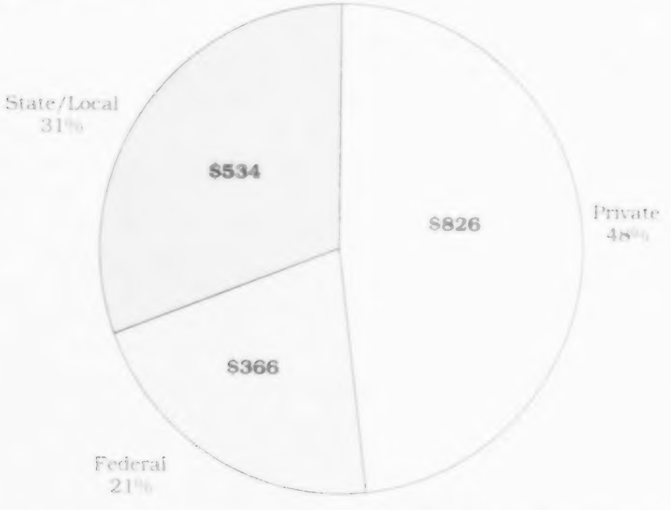
Drug Treatment

Because drug treatment is usually the only avenue available for heavy drug users to break deeply ingrained patterns of self-destructive behavior, the 1989 and 1990 National Drug Control Strategies emphasized expanding and improving the treatment system and set several ambitious national goals in this area. Much progress has been made toward these goals, but State and local governments, in partnership with the Federal government, must continue to work to increase the availability of drug treatment for addicts who can benefit from it, and to make the treatment they receive more effective.

As with medical care generally, paying for drug treatment has been and must largely remain the responsibility of individuals, third-party insurers, private organizations, and State and local governments. But the Federal government has an important role to play in the drug treatment system as well. The recent cocaine epidemic has greatly increased the number of addicted individuals, many of whom cannot end their addiction unless publicly-subsidized treatment is available. The Federal government, therefore, has an interest in expanding the availability of publicly-subsidized treatment, while ensuring that the treatment offered is effective and of high quality. Thus, in Fiscal Year 1992, the President is seeking nearly $2 billion for drug treatment services to expand capacity, improve quality, enhance our understanding of drug addiction, and develop new and better pharmacological and psychological approaches to treatment

With the rapid expansion of the Federal role during the past two years, it is essential that others in the treatment area — particularly State and local governments — continue to fulfill their responsibilities. To ensure that Federal funds are used to address such national priorities as treatment for adolescents, women and pregnant addicts, and drug users risking or suffering from HIV/AIDS, the Administration has

Funds Allocated for Drug Treatment, By Source, 1989
(in millions of dollars)



Source: National Institute on Drug Abuse, 1989

pressed during the past two years for enactment of legislation that would condition award of Federal treatment funds on a State's development, submission, and implementation of a treatment action plan. Indeed, without such legislation, the Administration cannot guarantee that funds will be used by the States for their intended purpose. Congress has not yet enacted this legislation, so critical to improving the treatment system, and the Administration strongly urges it to do so in this new session.

The Administration also continues to seek enactment of "Maintenance of Effort" legislation that would prohibit States that receive funding from the Alcohol, Drug Abuse, and Mental Health Services (ADMS) block grant program from reducing their own drug-related funding below the amount of such expenditures for the preceding year. This will ensure that new Federal dollars for treatment services do not have the unintended effect of displacing State dollars, and that drug treatment remains a high priority in State capitals.

There are several challenges that must be overcome if we are to attain the twin goals of expanding and improving drug treatment. The first of these concerns the addicts themselves: most do not seek treatment on their own. Of those who do, many lack the incentive to complete treatment or abstain from use after the treatment has been completed. Other challenges arise from shortages of trained staff, a lack of site availability for new treatment centers, an inability to match patients with programs that offer them the best chance of significant improvement, and other systemic inadequacies. Most important, treatment programs may vary widely in quality and yet still receive Federal funds, without being held accountable for the effectiveness of the treatment they deliver.

To address these problems, we will continue the policies outlined in the 1989 and 1990 Strategies. Treatment system expansion and improvement are needed both to treat the casualties of the drug epidemic and to reduce associated drug-related costs. The Federal government will do its part by conducting research, developing standards and models, disseminating information, and asking the States to develop more comprehensive and efficient treatment systems with Federal dollars. We will again ask Congress to pass legislation that would hold States accountable for the hundreds of millions of dollars in Federal treatment funds provided them. What follows is a description of the Federal role in treatment and further refinements to be undertaken in the nationwide effort to improve the availability and quality of treatment.

Expanding The Availability Of Drug Treatment

The Administration continues to place a high priority on the expansion of the treatment system. In 1991, we estimate that the treatment system can treat approximately two million people. Because this Nation has more people who need treatment than it has capacity to treat, the Administration is again proposing substantial funding increases for treatment expansion. In Fiscal Year 1991, the President proposed a $100 million increase for the ADAMHA block grant, but Congress provided only about one-third of this request. For Fiscal Year 1992, the President is asking Congress for another $100 million increase for a new, carefully targeted, treatment expansion program — triple the increase Congress provided for drug treatment this year. If Congress approves this funding request, and if the non-Federal treatment providers increase their funding at the same rate as the Federal government does, an additional 200,000 people will be able to receive drug treatment in 1992. This 10 percent increase will enable the national treatment system to serve a total of 2.2 million Americans in need of treatment.

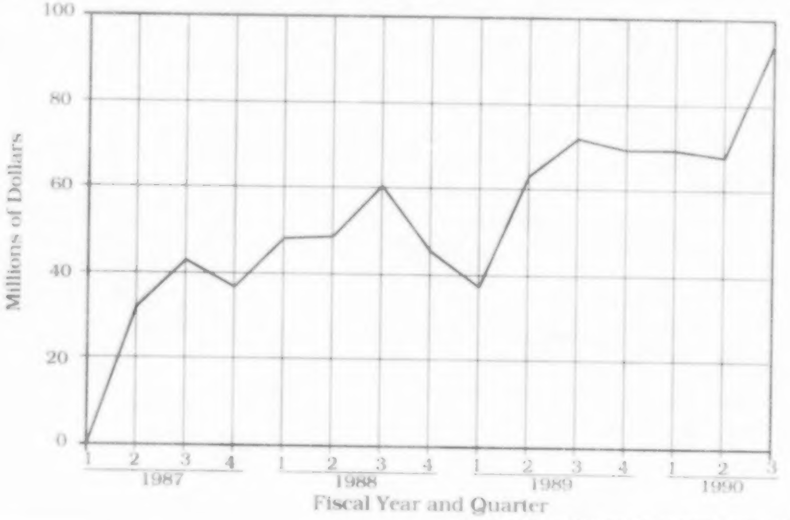
In addition, the Administration will continue to support a number of programs and initiatives, as well as to provide technical assistance to the States, to enable them to improve their management of treatment resources. The Federal initiatives described below are intended to help overcome obstacles that stand in the way of increased treatment availability.

Federal Treatment Programs. The publicly-funded treatment system, intended for those who cannot afford private (or unsubsidized) treatment, or for whom private treatment is otherwise unavailable, is primarily funded by Federal and State tax dollars. The largest Federal drug treatment funding program is administered by the Department of Health and Human Services (HHS) in the form of block grants to the States. In Fiscal Year 1992, the President's budget seeks $512 million for the drug-related portion of these grants, which are administered by the Office for Treatment Improvement (OTI). In December 1990, the Office of National Drug Control Policy published "Federal Drug Grants to States," describing the process used to make such funds available for State and local projects and how long it takes to get these funds from the Federal to the State and local level. A copy of this publication can be purchased from the Superintendent of Documents, Government Printing Office, Washington D.C. 20402-9325.

To promote innovative approaches to treatment outreach, retention, and quality improvement, HHS will continue to support a number of demonstration grants. In 1990, approximately $60 million was made available for demonstration grants to improve the quality of treatment and expand its availability for pregnant addicts, adolescents, and prison inmates. These grants support the equivalent of approximately 16,400 treatment slots, which can serve approximately 45,900 patients each year. The Administration will seek $119 million for such grants in Fiscal Year 1992. We estimate that about 52,800 persons will receive drug treatment in 1992 as a result of these programs.

The Department of Veterans Affairs also operates a major drug treatment program. For Fiscal Year 1992, $405 million is sought for outpatient, inpatient, and halfway house treatment programs for veterans. Of this amount, $15 million will be used specifically to enhance drug programs resulting in approximately 3,000 additional inpatients and 182,000 additional outpatient visits. Emphasis will be placed on dedicated drug treatment units within veterans hospitals, and on the Compensated Work Therapy/Therapeutic Residence Program, which offers vocational rehabilitation for veterans with drug problems.

Quarterly Outlays from HHS Formula Drug Grants to States, 1987-1990



Source: Office of National Drug Control Policy 1990

System Efficiency. To make Federal funding more efficient and effective in addressing this Nation's treatment needs, the Administration proposes a number of initiatives. We intend to significantly increase funding for the States by establishing a new categorical grant program that will target new funds to reach areas with the greatest need. We also intend to ensure that existing grant programs are better targeted to areas that need to expand treatment services, especially to priority populations such as adolescents, pregnant/postpartum women and their children, and drug users risking or suffering from HIV/AIDS. Finally, we are examining alternative ways to fund treatment services.

In some places public sector treatment facilities are operating at full capacity; however, others have waiting lists, while still others operate at only about 65 percent of capacity. To determine if more efficient use can be made of the private sector programs, HHS will explore an initiative for "treatment voucher" experiments to determine if addicts can benefit from the treatment offered by private programs that they would otherwise not have sufficient money or insurance to pay for. Under these experiments, addicts would be given vouchers, allowing them to be treated at private facilities. The private treatment programs would be reimbursed by the State at public sector rates for the services they render. Each experiment would include a central intake mechanism to guide patients to the appropriate treatment programs and establish agreements among the private sector providers to ensure that costs are in line with those of the public sector.

Treatment Campuses. The 1990 Strategy outlined a Treatment Campus initiative involving the creation of large, "multiple modality" treatment centers that would offer a variety of drug treatment approaches, enhanced treatment capacity, improved treatment quality, and the opportunity to evaluate and compare the efficacy of different treatment methods. In Fiscal Year 1991, OTI will enter into cooperative agreements with interested States to develop such campuses. Each of these campuses will consist of up to eight distinct treatment service providers utilizing a large common facility, and will include evaluative components developed by the National Institute on Drug Abuse (NIDA). Central intake, patient evaluation, referral, and program evaluation will be conducted on-site. The treatment programs, each with a patient population of approximately 500, will share the central intake and evaluation service, and recreational and commissary facilities, but will otherwise be autonomous.

The Department of Labor and NIDA will explore in Fiscal Year 1991 the use of certain Job Corps sites to provide trainees who have drug problems both job training and drug treatment simultaneously. If successful, this initiative will be expanded to additional Job Corps sites.

Private Insurance. Currently, 140 million Americans have coverage for drug treatment provided by their health insurance policies. Another one-third as many, who are privately insured, have no explicit coverage for drug treatment. Further, many policies that do cover drug treatment will pay only for high-cost 28-day inpatient programs in a hospital setting, but not for less costly, but often equally effective, residential, or outpatient treatment.

In keeping with the findings and recommendations of the Institute of Medicine's 1990 report, "Treating Drug Problems," the Administration will undertake further efforts to improve private insurance coverage of drug treatment. For example, HHS will recommend that the insurance industry cover forms of drug treatment in addition to or in lieu of the currently covered, costly, 28-day inpatient programs. Further, HHS will provide the insurance industry and treatment providers information about cost-effective treatment programs and will work with the States to develop sound standards for admission, care, and program performance. The Administration will encourage self-insurers to include drug treatment coverage if they are in States that mandate coverage for drug treatment by private health insurance.

Medicaid. In Fiscal Year 1991, Medicaid is expected to pay between $200 million and $250 million (Federal and State funds) for drug treatment-related services. Under current law, Medicaid must pay for the inpatient, outpatient, and physician services for eligible persons, and — at the option of the States — clinic and rehabilitative services. The primary limitation on using Medicaid for drug treatment is that it cannot pay for residential treatment in facilities with over 16 beds (called Institutions for Mental Diseases —IMDs) for any recipients aged 22-64. Unfortunately, many States have not fully utilized their options under the Medicaid system to make a wide range of drug treatment services available. Therefore, HHS will provide technical assistance to make State governments aware of how Medicaid can help to pay for drug treatment in their States, and how States can benefit from the Federal cost-sharing available under Medicaid.

The Administration will also continue to explore ways to improve Medicaid's coverage of drug treatment. HHS is conducting two studies that bear on this subject, one in mid-process that looks at the cost effectiveness of the IMD exclusion as a whole, and one just beginning that will allow a limited number of States to waive the IMD exclusion on a demonstration basis in order to provide residential drug treatment services to pregnant women.

While Medicaid can play an increasingly important role in funding drug treatment, the ADMS block grant along with the new Capacity Expansion Program will continue to be the primary Federal funding vehicle. These grants allow the States much greater flexibility than Medicaid in determining who can receive treatment and the kinds of treatment they can receive, and in underwriting the costs of creating and maintaining the drug treatment infrastructure.

New Treatment Facility Sites. Community involvement in the implementation of treatment for drug problems is the cornerstone of this Strategy. Yet when community resistance to locating sites for treatment centers occurs, it severely undermines treatment availability goals and impedes our progress as a Nation. NIDA and OTI will address such resistance by working with the States to expand existing treatment sites, and create new treatment facilities. The Department of Justice (DOJ) will continue to bring lawsuits under the 1988 Fair Housing Amendments Act against landlords who refuse to rent to group homes for recovering drug addicts and those municipalities that try to use zoning laws and building codes to block such homes.

Treatment Staff. As efforts are made to expand the treatment system, more trained professionals will be needed to ensure that quality services are provided. Because the quality of the treatment system is directly related to the competence of its staff, the Administration supports in-service training of treatment professionals in the latest techniques and methods, and similar training of central intake and referral staff. Accordingly, the Fiscal Year 1992 budget seeks $26 million for in-service treatment training programs, pre-service training fellowships, and grants to drug treatment training programs. A NIDA initiative planned for 1992 will fund a program that will place experienced drug abuse experts in major medical schools to improve and expand drug-related components of the medical school curriculum.

Improving The Quality Of Drug Treatment

Expanding treatment capacity is of little use unless treatment is effective. Currently, the quality of federally supported treatment programs varies widely because available treatment resources are not always used effectively. Improvement in the effectiveness of drug treatment must accompany growth; to this end, the Administration proposes the programs and initiatives described below.

State Treatment Planning. OTI will continue to provide technical assistance to the States on setting and meeting standards of treatment quality and improving treatment for such critical populations as adolescents, pregnant/postpartum women and their children, and drug users risking or suffering from HIV/AIDS. Improving coordination with vocational training services, providing treatment for the homeless and those in public housing communities, and evaluating programs (a NIDA responsibility) are also targeted. In addition, assistance will be made available to help States plan for the most effective use of these funds. But critical to the success of these efforts is enactment by the Congress of the Administration's proposed legislation conditioning the receipt of Federal treatment funds on the development and implementation of a coordinated, statewide treatment plan.

Demonstration Grants. OTI will continue to award demonstration grants to develop and test promising treatment strategies, including: development of central intake and referral mechanisms; improved patient tracking systems; more effective treatment of adolescents, residents of public housing communities, and "patients" in the criminal justice system; improved coordination among health, social, rehabilitative, education, criminal justice, and other government agencies involved in drug treatment; staff training and development; and enhancement of outreach efforts. For Fiscal Year 1992, the Administration is seeking $119 million for these grants.

Research and Evaluation. The development of enhanced methods and technologies for the treatment and prevention of drug addiction, and evaluation of current methods, will continue to be top priorities on NIDA's research agenda. NIDA established a Medications Development Division in 1990, and approximately $56 million will be devoted to research administered by this program in 1992. A number of promising medications are already under development, including carbamazepine, desipramine, flupenthixol, and several others that may block the euphoria, craving, and toxic effects associated with cocaine addiction; depot naltrexone, a long-acting formulation of an already approved medication that can block the effects of heroin for up to 30 days; and buprenorphine, a medication that potentially combines the therapeutic effects of both methadone and naltrexone in a single medication and which may be a useful treatment not only for heroin addiction, but for dually-addicted cocaine addicts as well. In addition, many other new approaches to treatment are being conceived as a result of new findings in the neurosciences and molecular biology, some of which hold promise for the treatment of pregnant addicts.

Research will also address problems such as the use of high THC-level marijuana; "polydrug" use, such as combining cocaine and smokable heroin; smokable methamphetamine, also known as "ice"; and the connection between drug use and mental illness. Research on the effects of drugs on infants and pregnant women will continue to be a high priority. NIDA will also conduct research on such subjects as recruiting and retaining drug users in treatment, minimizing relapse, and improving outcomes for specific treatment modes and long-term aftercare. More detail on these priorities can be found in the Research Agenda section.

Private Sector. Particularly welcome are recent private sector efforts to expand and improve drug treatment. For example, a group of foundations under the leadership of the Twentieth Century Fund is seeking to raise funds to support model treatment demonstration projects for persons under criminal justice supervision, pregnant/postpartum women and their infants, and drug-using preadolescents.

Urgent Treatment Needs

Impaired Pregnancies. What is true for addicts in general is true for pregnant addicts: many of them are so strongly wedded to their addiction that they will not seek treatment voluntarily, even when it is available. Coercion through the criminal justice system may be the only way some pregnant addicts will enter and remain in treatment. (Some States have brought criminal prosecutions against pregnant addicts on the grounds of fetal endangerment. Such prosecutions, however, have generally been unsuccessful, and the Administration views criminal incarceration of these women as a last resort.)

The need to increase the availability of treatment for pregnant women who use drugs, combined with the difficulty in persuading many such women to enter and remain in drug treatment, are among the most persistent and troublesome problems in the treatment field. Our efforts to address these problems will continue to expand in Fiscal Year 1992. HHS and DOJ will increase their collaborative efforts to improve the ability of the criminal justice system to direct pregnant drug-using women into treatment. The Office of Substance Abuse Prevention, NIDA, and OTI will continue to support demonstration grants and technical assistance efforts. The Office of Human Development Services will continue its program for addicted and "boarder" babies. OTI will develop guidelines for effective treatment of pregnant women and will encourage the States to incorporate them in their State treatment plans, State licensing standards, and other regulatory actions.

HIV Infection. HIV infection and AIDS have become inextricably linked to drug use, particularly intravenous drug use. Drug users make up a steadily increasing share of the AIDS population. Over one-third of the AIDS cases reported to date are associated with the use of intravenous drugs and others result from drug-related sexual activity, often associated with the use of "crack." Given the link between drug using behaviors and HIV infection, the prevention and treatment of drug use are vital to stemming the spread of AIDS.

Drug treatment should include education, counseling, and testing as integral parts of the program, where appropriate. The expansion and improvement of HIV infection and AIDS-related services will continue to play an important role in our overall upgrading of drug treatment programs.

Treatment of the health problems of HIV-infected individuals should be financed through existing public and private health financing mechanisms, as with other diseases. The Federal government will hold States accountable through legislated State treatment plans, when enacted, for pursuing a range of approaches to reduce HIV infection resulting from drug use and drug-related behavior, particularly among groups where such infection has been increasing: women, infants, adolescents, and young adults. The Alcohol, Drug Abuse, and Mental Health Administration, the Health Resources and Services Administration, the Centers for Disease Control, and other Federal agencies, in cooperation with State agencies, will provide resources and technical assistance to help treatment programs coordinate more effectively with the providers of medical care and other services. Outreach efforts, such as coupon programs, will also receive particular attention. Recent research shows that outreach works in reducing high-risk practices and getting such users into treatment. Projects to demonstrate effective outreach approaches will therefore be continued.

Treatment And The Criminal Justice System

Nearly 50 percent of Federal prison inmates and 75 percent of State prison inmates have used drugs. In major cities, as many as 80 percent of those surveyed who were arrested for serious crimes tested positive for drug use. Because the population under the jurisdiction of the criminal justice system — arrestees, probationers, convicts, and parolees — tends to be much more heavily involved with drugs than the general population, the Strategy places high priority on serving the treatment needs of this group. The 1989 "Treatment Outcome Prospective Study," conducted by the Research Triangle Institute, found that those under legal pressure to undergo treatment tended to do as well as or better than those who sought treatment on their own. They may do better in part because legal pressure keeps an addict in treatment for a longer period of time, and virtually all studies agree that the longer an addict receives treatment, the better are the chances for long-term success.

One of the roles of the criminal justice system is to identify drug users throughout the system for referral to treatment. Critical to this endeavor is a classification system that accurately identifies such offenders. The Administration is developing a comprehensive approach to drug treatment within the criminal justice system, involving the identification of drug users, referral to treatment, supervision in treatment, aftercare, and monitoring. DOJ and HHS are coordinating this effort. The Federal Bureau of Prisons will continue to expand the availability of its intensive treatment programs to more Federal facilities and make extensive use of the therapeutic community or other appropriate treatment models. The Bureau of Prisons' funding for treatment services will increase to almost $22 million in Fiscal Year 1992, up from approximately $10 million in 1991. Research will also be conducted on ways to improve substance abuse treatment of inmates within the Federal prison system. HHS will continue to fund promising treatment models in the corrections system, and NIDA will support a research program to determine which treatment models work for which populations, and in which contexts. In addition, the Judiciary will request $57 million in Fiscal Year 1992 for the Substance Abuse Treatment Program managed by the Administrative Office of the U.S. Courts and the U.S. Probation Offices for probationers and releasees required by court order to receive treatment. About 20,000 offenders were treated under this program during Fiscal Year 1990.

The National Institute of Corrections will continue its technical assistance to States to help them manage and develop treatment and testing services for offenders. States are encouraged to use funds from the Department of Justice Block Grant to support the identification and referral to treatment of drug-using offenders. Programs such as Treatment Alternatives to Street Crime are considered eligible expenses under existing funding criteria. This particular program manages, tracks, and evaluates offenders who undergo drug treatment.

In addition, the Administration will continue to press for enactment of its legislative proposal to require States to develop comprehensive drug testing plans that would include their criminal justice systems. The State drug treatment plan would be required to contain a description of the plan that would be implemented to expand drug treatment opportunities, including (when appropriate) individuals under criminal justice supervision.

In June 1990, the Office of National Drug Control Policy published "Understanding Drug Treatment." A copy of this publication can be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325.

Education, Community Action, and the Workplace

The clearest signs of progress in the fight against drugs are to be found in our schools, our neighborhoods, and our workplaces. American attitudes against drug use continue to harden. The number of school-aged children using drugs continues to fall. Citizens all across the country are uniting in community coalitions to battle vigorously against drug use and drug dealing in their neighborhoods. And American businesses are putting into place sound workplace policies that deter drug use and help people with drug problems get into treatment.

Though continuing to decline, the number of drug users is still far too high, and new epidemics of drug use always threaten. Young people, in particular, will always be susceptible to the lure of drugs. Whereas the role of treatment is to reduce addicted drug use, the role of prevention in the National Drug Control Strategy is to reduce the overall level of nonaddicted drug use nationwide and to prevent drug use before it starts.

For those who remain unconvinced, society is obliged to convey the message that using drugs is unacceptable by ensuring that users are held accountable for their behavior. Obviously, the police officer on the beat and the judge on the bench have major roles in conveying this message. But their contributions alone are not enough. Drug users and potential drug users must be confronted with the negative consequences of drug use by *all* institutions of society, not just by the government. The family, neighborhood, community, church, school, and workplace must be very active in this effort. If they are not, they implicitly signal to young people that drug use is not to be taken seriously, at least not seriously enough to do anything about it. In short, communities must present a united front against drugs and must confront the problem head-on when and wherever it occurs.

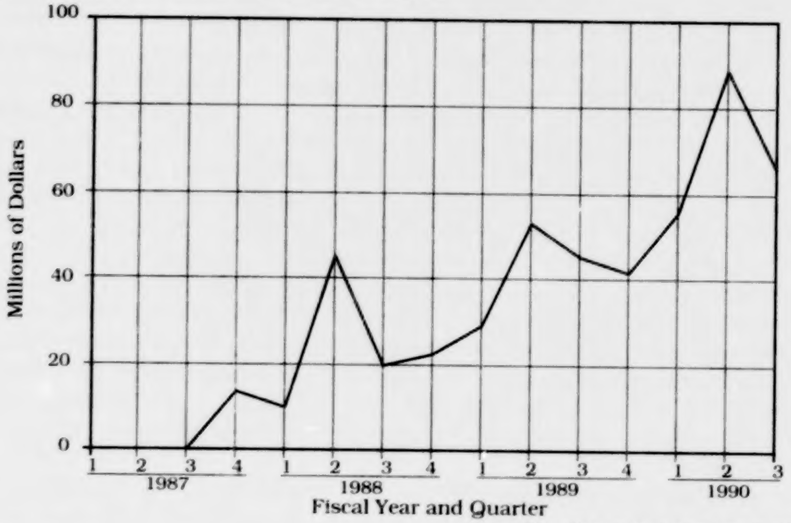
Just as with drug treatment, preventing drug use is a shared, rather than a wholly Federal, responsibility. The job of providing elementary and secondary education, in which much formal prevention instruction occurs, belongs primarily to State and local governments. Mobilizing communities, businesses, and volunteers against drugs and changing attitudes toward drug use are best accomplished by the private sector. In fact, some of the Nation's most important prevention programs, such as Kansas City's Project STAR and the Media Partnership for a Drug-Free America, have been underwritten by private sector foundations and corporations.

But there are clearly defined Federal roles as well. State and local governments and private entities conduct very little research on what works in prevention. Nor do they disseminate objective information about effective practices or try to replicate those approaches throughout the country. The Federal government assumes these responsibilities. In addition, the Federal government, through national leadership and targeted expenditures, can help schools adopt and implement prevention curricula and policies, give communities the impetus to mobilize, and develop standards for exemplary policies and programs to fight drugs in the workplace.

The Federal government is doing its part in this effort, seeking a total of $1.7 billion for drug prevention initiatives and programs for Fiscal Year 1992. This includes $636 million for programs funded by the Department of Education (ED), $633 million for prevention programs and prevention-related research at the Department of Health and Human Services (HHS), and $165 million for public housing drug prevention programs at the Department of Housing and Urban Development (HUD). Additional funds and initiatives are being requested for prevention programs in the Department of Justice (DOJ) and other Federal agencies in Fiscal Year 1992. In December 1990, the Office of National Drug Control Policy (ONDCP) published "Federal Drug Grants to States," describing the process used to make such funds available for State and local projects and how long it takes to get these funds from the Federal to the State and local level. A copy of this publication can be purchased from the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325.

Although the focus of this section of the Strategy is on those activities in the classroom, community, and the workplace that can help prevent drug use, a word must also be said about the most important institution in our society: the family. The family is the most effective locus of drug prevention for two reasons. First, it is where most children learn the difference between right and wrong; where virtues such as self-discipline, civic responsibility, perseverance, and hard work are taught; and, as a result, where children develop the basis of

Quarterly Outlays from Education Formula Drug Grants to States, 1987-1990



Source: Office of National Drug Control Policy, 1990

self-esteem. Second, parents have an irreplaceable influence on the formation of children's character and must teach their children that drug use is wrong, and, by personal example, show them how to lead drug-free lives.

Today there is reason for hope in the war on drugs. In the last few years Americans have begun to change their attitudes about drugs. Voluntary organizations such as churches, synagogues, and religious groups, PTAs, the Girl Scouts and Boy Scouts, Big Brothers and Big Sisters, and block associations are taking America back from drug dealers, one neighborhood — often one individual — at a time. But the news is not all good. Too many communities still suffer the terrible consequences of drug use and crime. Many neighborhoods are still ravaged by drugs. Families are torn apart. Thousands of parents who have succumbed to the lure of drugs have neglected and abused their children. So, while supply reduction activities continue to make drugs more expensive, difficult to find, and risky to purchase, prevention activities must increase and include the entire community to bring about a long-term solution to the scourge of drug use.

Communities

When communities implement a coordinated plan of attack against drugs, one which includes meaningful sanctions for any drug use, and involves schools, parents, religious organizations, law enforcement agencies and businesses, we can make progress in keeping drugs out of schools, neighborhoods, and the workplace. Strengthening the ability of communities to mobilize against drugs and holding the occasional user accountable are among the cornerstones of the Administration's drug prevention strategy. The President's Drug Advisory Council sponsored a two-day National Leadership Forum in November 1990, attended by 450 leaders from 192 community anti-drug programs in 102 cities. They shared with each other successful ideas on all aspects of making a community anti-drug program work — from how to finance it, to how to involve the schools, churches, and synagogues, as well as how to get the support of local businesses, media, and government. In Fort Meyer, Florida, the Coalition for a Drug-Free Lee County galvanized the community, which collected over $1.6 million to support drug prevention programs.

Community Partnership Grants. HHS, through the Office for Substance Abuse Prevention (OSAP), assists communities in developing comprehensive prevention strategies to address alcohol and drug problems through the Community Partnership Program, a program created under the first National Drug Control Strategy. The first grants under this program were announced in Fiscal Year 1990 — 95 communities received grants, and we expect the number of awards to triple in Fiscal Year 1991. For Fiscal Year 1992, an additional $15 million is requested for this program, including $10 million for a target cities initiative. To receive these grants, communities must produce a blueprint for a broad-based effort to fight drug use that includes the major institutions in the community — schools, police, courts, business, labor, and civic organizations.

User Accountability. Addicted users begin as casual users. The occasional or so-called casual user, more than the addict, bears a major responsibility for the spread of drug use, because that person imparts the message that you can use drugs and still do well in school or maintain a career and family. For this reason, holding casual users accountable for their actions through meaningful criminal, civil, and social sanctions is integral to the National Drug Control Strategy. Laws and policies directed toward holding users accountable deter drug use by providing clear consequences for possessing or using illegal drugs, and they can take a number of forms: school policies, workplace policies, diversion to treatment, and denial of Federal and State benefits.

At the community level, effective user accountability programs help deter drug use without overwhelming the judicial system. For example, in Overland Park, Kansas, a city ordinance requires that first-time offenders found guilty of marijuana possession serve at least 48 hours in confinement and pay a $200 fine; they are then given a choice of a minimum 30-day jail sentence or an education or treatment option for which the offender pays the cost. User accountability can also mean fining those who buy or sell drugs. New Jersey has created a special "Drug Enforcement and Demand Reduction" fine. The penalties start at $500 for simple possession of a small amount of marijuana, and range up to $3,000 for more serious drug offenses. New Jersey is presently collecting an average of $9 million per year for its drug prevention, education, and public awareness initiatives.

To help communities develop user accountability programs, Federal Departments and agencies will support the development of a small number of model programs and will expand technical assistance to other communities. User accountability initiatives will be a component of the plans of communities that receive Community Partnership grants.

In the schools, user accountability is best attained through policies that are unambiguous, straightforward, and consistently applied: if you use drugs, your parents will be notified, and you will be suspended. Repeat offenders should face expulsion, and readmission to school should be conditioned on a written promise to abstain from drugs and to undergo counseling or treatment where appropriate. When students know the rules and know that they will be enforced, schools offer their students a clear choice: use drugs and face sanctions, or stay clean and stay in school. The point of such a program is not to force students to leave school and compound our dropout problem. Rather, it is to teach that students who use drugs not only harm themselves, but interfere with other students' right to learn.

Prevention in the Block Grant. Under the Alcohol, Drug Abuse, and Mental Health Services (ADMS) Block Grant, at least 20 percent of substance abuse funds disbursed to the States, approximately $95 million in Fiscal Year 1992, must be used for drug prevention or early intervention. The Office for Treatment Improvement, in coordination with OSAP's prevention staff, will monitor State programs to help ensure that these funds are used to support effective primary intervention programs. States have been requested to submit more detailed information on their prevention programs as part of their 1991 block grant applications. The Administration will seek legislation to make the submission of State treatment and prevention plans a legal requirement.

Prevention Research and Evaluation. We still don't know nearly enough about which components of comprehensive prevention programs work best, for whom, and why. The Federal government has no more vital role in prevention than that of supporting research on what works. HHS, ED, and other Federal agencies involved in prevention will conduct research, evaluation, and dissemination activities to identify what works; share what they have learned with States, communities, and schools; and replicate effective prevention approaches throughout the country. They also will sponsor research to develop more rigorous and effective instruments for evaluating prevention programs. In Fiscal Year 1992, ED will continue to support the development and evaluation of innovative and effective school-based prevention strategies through its five demonstration grant programs and evaluation contracts. HHS will support a limited number of Community Partnership projects with strong evaluation/research components.

Public Housing. Public housing has become a staging area for the distribution of drugs and the violence related to drug trafficking and consumption. In many areas, progress has been made in removing drug dealers from public housing by mobilizing residents and increasing law enforcement efforts. In Kenilworth-Parkside in Washington, D.C., for example, residents confronted drug dealers and drug devastation by forming a resident management corporation. Within four years of the formation of a residents' group, drug-related crime had been cut by 75 percent. In Manchester, New Hampshire, an anti-drug initiative of the Housing Authority prevents criminal offenders from receiving the benefits of public housing, and automatically evicts tenants upon conviction for a drug-related criminal offense. Youth services jointly sponsored by the housing authority, the school district, and local youth organizations provide after-school education, mentoring, and job training for young people. Drug use, trafficking, and vandalism have been cut sharply.

In a demonstration project funded by OSAP, DOJ, and a private foundation, the Boys and Girls Clubs of America studied the effect of organizing clubs for high-risk teens in ten public housing communities. Compared with public housing where no teen clubs existed, adolescents in the ten target communities report sharply reduced drug use rates, community members perceived a drop in drug problems, and there were decreases in juvenile drug arrests and vandalism. Similar successes can be found throughout the Nation.

Much has been accomplished, but more must still be done. In 1991, the Federal government will continue to work vigorously to aid the majority of the people in these communities who are ready to fight back. The Administration is seeking $165 million for HUD's Public Housing Drug Elimination Grant program in Fiscal Year 1992. Beginning in 1991, all appropriate Federal agencies will coordinate their efforts to assist HUD in ensuring drug-free public housing. For example, ED will support the development of alternative programs to help drug-involved students, particularly those who reside in public housing, return to school and complete their education. HHS will assist public housing residents under its High Risk Youth and Pregnant/Postpartum Women Outreach programs, and ACTION will stimulate drug prevention volunteer efforts in public housing.

Volunteer Mobilization. In every war, volunteers can be found who display the greatest passion and motivation to win. This is also true of the many volunteers in the war on drugs. Numerous groups — churches, synagogues, parents groups, veterans groups, organized labor, and many others — have marshalled volunteers to combat drugs in their communities. For example, the AFL-CIO is establishing a national drug prevention campaign that mobilizes union locals in the war on drugs. The Miami Building and Construction Trade Council, with volunteer labor, renovated and expanded the Linda Ray Infant Center for crack babies to make it the largest facility of its kind in the country. And the United Ways of America are providing local leadership for community-wide prevention efforts throughout the Nation. The Administration will continue to work with the private sector to encourage volunteerism in the war on drugs.

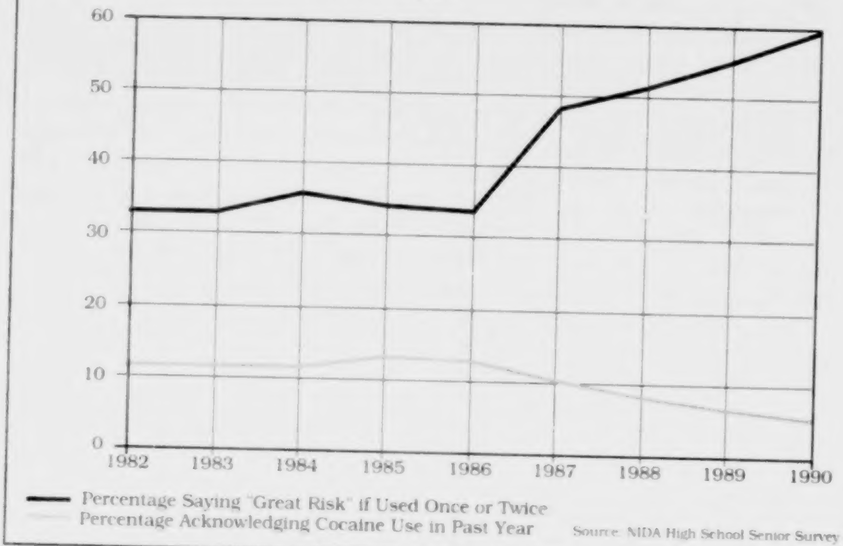
Prevention in the Schools

The job of our schools is to provide students with the knowledge, good habits, and self-discipline that lead to successful adulthood. Drugs are incompatible with all of these characteristics. Therefore, the education community must fight back — and fight back hard. But it cannot do it alone. To succeed, schools must join forces with parents, businesses, churches, synagogues, law enforcement, civic groups, and others in the community.

When a school has dedicated teachers, involved parents, an energetic principal, a challenging curriculum, and high expectations for its students, then it already has most of the prerequisites for a solid anti-drug program. But it also needs to present students accurate information about what drugs can do to their bodies and minds, and give them the tools with which to resist peer pressure to use drugs. But simply presenting facts to students about drugs doesn't steer them away from drug use. Unless a school makes it clear that drug use will not be tolerated, and unless that policy is reinforced by what is taught in the classroom, then the prospects for success of the school's anti-drug program are poor.

The Federal Government's Role. The role of the Federal government in implementing such anti-drug programs must, of necessity, be limited. America has a long tradition of community control over local schools, and the Federal government does not have the authority, the resources, or the desire to supplant the role of local schools. Nonetheless, the Federal government is committed to helping schools establish

Perceived Risk and Use of Cocaine Among High School Seniors, 1982-1990



Source: NIDA High School Senior Survey

effective programs and policies to achieve the National Educational Goal set by the President and the State Governors for all schools to be drug-free by the year 2000. To that end, in 1990 the Department of Education published a drug education curriculum model, a parents' anti-drug guide, and a guide for college presidents on eliminating drug use on their campuses.

Drug-Free Schools and Communities. The 1989 Amendments to the Drug-Free Schools and Communities Act require that all State and local educational agencies and institutions of higher education certify that they have adopted and implemented comprehensive drug prevention programs and firm anti-drug policies. ED will monitor and enforce the implementation of such policies and programs on an annual basis. The Amendments also created the Emergency Grant Program, which provides additional financial assistance to local school systems with significant drug problems. Funding for this program will be doubled in Fiscal Year 1992 to help schools hardest hit by drugs to develop and implement these mandatory prevention programs. Both of these initiatives were proposed in the 1990 National Drug Control Strategy.

The State and Local Grant program under the Drug-Free Schools and Communities Act continues to be the primary Federal vehicle for improving drug education in the Nation's classrooms. In Fiscal Year 1992, $498 million is being sought to continue this program . A General

Accounting Office report issued in November 1990 found the program was supporting expansion and establishment of new drug education programs in schools and contributing to the spread of the anti-drug message.

The Administration will also study the recommendations of a Department of Education study to be completed in Fiscal Year 1991 of how the Act has been implemented to determine whether legislative or regulatory changes in the program are necessary. Preliminary findings from the implementation study demonstrate that support for school and community prevention programs has grown stronger as a result of the program. By the end of school year 1988-89, over 90 percent of school districts had implemented a drug and alcohol prevention program.

Alcohol. The use of illegal drugs has begun to yield to prevention efforts, and the use of another harmful substance — alcohol — is showing signs of decreasing among adolescents (ages 12-17). However, underage drinking remains a serious problem for many individuals and communities. Alcohol is not a controlled substance and therefore is not part of ONDCP's legislative mandate. Yet alcohol ought to be a part of schools' drug prevention programs, because it is illegal for young people under 21, is frequently a gateway to use of controlled substances, and is a contributing factor in many automobile crashes — a leading cause of death among young people. In fact, pursuant to legislation signed by President Bush in 1989, schools, colleges, and universities must implement alcohol and drug prevention policies and programs for their students and employees or lose eligibility for any Federal financial assistance. The Federal government provides extensive support to these alcohol-related prevention programs, chiefly through HHS and ED.

Alcohol prevention programs must be carefully constructed. Recent research has shown that a prevention program that succeeds in reducing drug use often may not be as effective in reducing underage drinking, and the unique challenge posed by the legality of alcohol use by adults should be clearly recognized. Young people should be taught not only the dangers of alcohol use generally, but that alcohol use by minors is illegal and wrong. And adults communicating these messages should be mindful of the examples they set through personal practice — especially when they are parents speaking to their children.

Steroids. Anabolic steroids are scheduled drugs and are therefore within the purview of the National Drug Control Strategy. The improper use of anabolic steroids by high school and college students, both male and female, has become a significant problem throughout the country. The National Institute on Drug Abuse (NIDA) is monitoring steroid use by high school students. The Food and Drug Administration has collaborated with other agencies (both Federal and State) to track and investigate over 600 cases of illicit steroids manufacturing, importation, or distribution since 1985 and has mounted an extensive prevention campaign targeted at high schools and colleges. Steroids should be dealt with in all school-based prevention programs and ED is encouraging all schools to do so. The Public Health Service Interagency Task Force on Steroids has been studying the steroids problem and expects to make recommendations in early 1991 on ways to improve enforcement and prevention.

Drugs and the Protection of Children

The most innocent and helpless casualties of the drug epidemic are the children of drug users who were exposed to drugs in the womb or otherwise abused and grossly neglected by parents who are addicted to drugs. Therefore, the Administration will undertake a number of initiatives to respond to this problem. Among these will be efforts to integrate and coordinate the variety of Federal and State programs for families, mothers, and children affected by drug use.

Protecting Children. Although preservation of the family unit should be the goal in child protective services, all too often families are kept together at the expense of children who are being seriously harmed by parents who have been unwilling or unable to stop using drugs. In these cases, where the law and other factors warrant it, the early termination of parental rights may be in the best interest of the child. States should consider instituting policies to terminate parental rights expeditiously, when appropriate, as well as early removal of the child from parental custody preceding termination.

Havens for Children. HHS will encourage States to establish and fund facilities that provide havens for children of addicts who are at risk of child abuse, neglect, and incest. It is important that States seek foster care placements for children of addicts. However, because of physical or emotional problems, sometimes caused by drugs or abusive conduct of drug abusing parents, foster care for some children may not be available or appropriate. In those circumstances, congregate care settings should be considered. HHS will expand its current efforts to develop models for a range of approaches, including foster care and small specialized congregate care settings with appropriate services for children and their families.

Training. Despite the dramatic growth in the number of children in foster care due to parental drug use, professionals who must make decisions about these children — judges, medical professionals, teachers, and social workers — often lack sufficient knowledge of addiction, treatment, or the psychological, familial, and physical problems suffered by these children of drug users. Appropriate Federal agencies will fund training concerning drugs and related issues for those involved in child protection. For example, HHS and DOJ will work together to train criminal justice officials and social workers, child care workers, and foster parents who deal with addicts and their children. And ED will continue to support prevention training initiatives for teachers, administrators, counselors, and other school personnel. HHS will also develop a series of guidelines for judges and other child welfare professionals on how to work with young children who are victimized by parental drug use.

Coordination of Services. Poor, disadvantaged women who use drugs while pregnant have available to them a range of social, educational, and vocational support programs, Federal as well as State and local. Too often, however, these programs are poorly coordinated. The problem of drug-exposed newborns requires a comprehensive delivery system that is available, accessible, and includes prenatal care, child welfare, and other drug prevention services. Similar coordination of delivery services at all levels of government will be needed as these children enter school. HHS is exploring ways to improve coordination of a variety of Federal and State programs, including criminal justice, child welfare, and health services to families of drug-exposed children.

At the Federal level, progress has been made on joint funding of youth-serving projects. OSAP, for example, co-funds projects with DOJ and ED. The goal of collaboration will be to coordinate grant guidelines in HHS, DOJ, ED, and other Federal agencies to require joint participation by schools and other community agencies in youth service planning and programs. HHS and ED will undertake evaluations of comprehensive community drug prevention and treatment programs to identify models that can be disseminated and replicated widely.

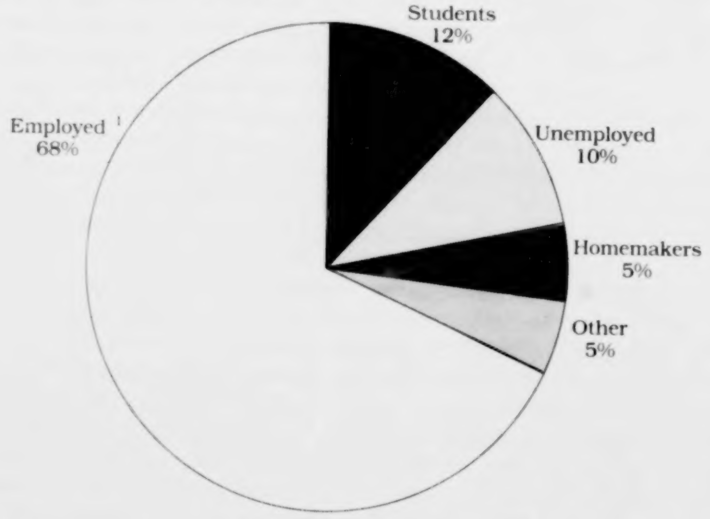
Special Education. The Individuals with Disabilities Education Act requires States to provide for the special educational needs of children, including children with disabilities by virtue of maternal drug use. ED's Office of Special Education administers two programs for these children. Grants for Infants and Families distributes funds to the States on a formula basis for infants and toddlers (ages 0-2) experiencing or at risk of experiencing developmental delay. ED estimates that 10 percent of this population are drug-exposed. The Office also administers Early Childhood Grants to support research, demonstration, training, technical assistance, and dissemination activities for improving special education for children (ages 3-8) and early intervention for infants and toddlers (ages 0-2). Some of these grants focus on drug-exposed children. In Fiscal Year 1992, ED's Office of Special Education and Rehabilitative Services will support a number of demonstration projects to develop and evaluate techniques for teaching drug-impaired children.

Workplace

NIDA estimates that 68 percent of all illegal drug users are employed either full- or part-time. These employees create hazards in the workplace through substantially greater accident rates, low morale, and high turnover. American employers are paying for the added costs of employees who are working under the influence of drugs through their lost productivity, theft, and high insurance claims. In the end, the costs are passed along to the consumer. The net result is that both employers and employees lose: workplaces are not safe, lost productivity translates into higher costs and lower profits, and businesses' ability to compete in the national and international marketplace is diminished.

Employers, particularly with the support of their employees, can take steps to combat workplace drug use and its disastrous consequences. There is a growing body of evidence indicating that employers who institute comprehensive programs against drug use can effectively address this problem. A typical program includes five elements: a written policy, an employee education and awareness program, supervisory training, employee assistance programs (EAPs), and, where appropriate, drug testing.

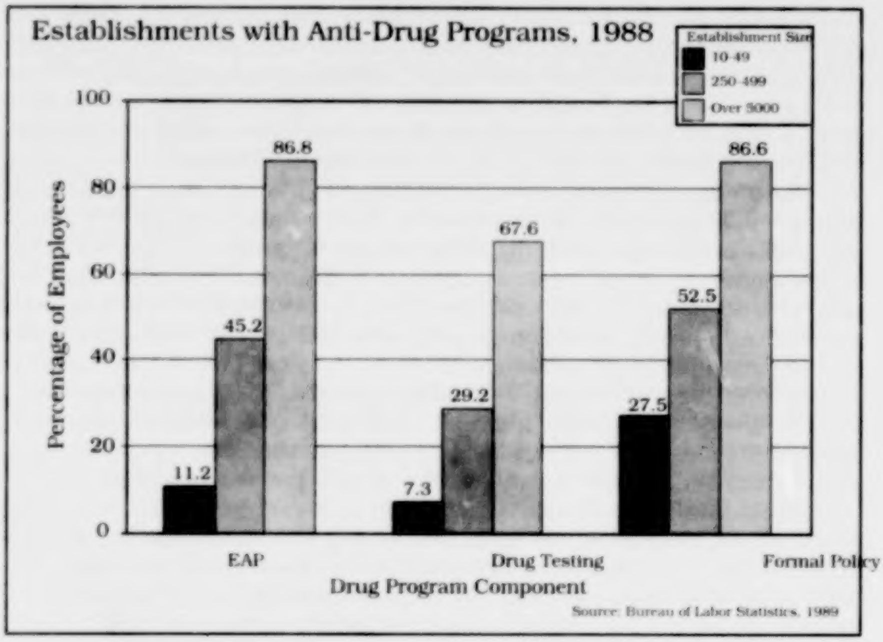
Employment Status of Drug Users, 1990



[1] Full or part-time

Source: NIDA National Household Survey on Drug Abuse, 1990

Establishments with Anti-Drug Programs, 1988



Source: Bureau of Labor Statistics, 1989

Every employer, large or small, should establish a comprehensive workplace drug prevention program, to the extent feasible. While all the components of a comprehensive program are crucial, every employer, at a minimum, should have a written, unambiguous policy regarding drug use that clearly states that illegal drugs will not be tolerated in the workplace and that users will be held accountable for their use.

It is encouraging to note that a substantial number of companies have already established workplace programs. The Department of Labor's Bureau of Labor Statistics reports that the percentage of employers with a formal written policy grew by about 60 percent over the last two years and the percentage of employers with EAPs has doubled in the same time period. Despite this substantial growth in programs, many small and medium-sized companies have not adopted anti-drug programs, although they face the same problems as large companies with drugs in the workplace. Many companies still do not believe they have a drug use problem, while others argue that implementing such programs is costly and too complex. To address these problems, the Department of Labor and HHS will expand their technical assistance and information dissemination efforts to assist companies — especially small and medium-sized businesses. In addition, NIDA will support research to understand better the impact of drug use in the workplace and the costs and benefits of various substance abuse programs.

Finally, efforts will continue to encourage companies to adopt EAPs. While large companies typically have established or contracted for the services of an EAP, smaller and medium-sized businesses have not been able to mount such a program. To improve their effectiveness, NIDA will develop model certification protocols for use by the private sector or States for the accreditation or licensing of EAPs.

The Federal Workplace. Federal agencies continue to implement Executive Order 12564, which requires the establishment of drug-free workplace programs, including drug testing. Virtually all agencies have implemented two of the three major components of the Federal workplace program: drug education and training and employee counseling and assistance. For the third component, drug testing, 123 agenices have met the requirements of the Executive Order and Public Law 100-71 and may engage in testing. Forty-five agencies, including all but one Cabinet-level agency, have initiated testing. The major barriers to full implementation by other agencies are legal challenges, agency obligations under Federal sector labor law, and due process requirements.

The Administration's goal is for every Federal agency to have a fully implemented drug program, including a drug testing plan, which deters drug use among Federal employees, alerts the government to employees with drug problems, provides assistance to employees, and does not violate the legitimate constitutional rights of employees. HHS, DOJ, and the Office of Personnel Management will continue to track agencies' implementation of their plans. ONDCP will continue its general oversight of this effort.

Drug-Free Workplace Act of 1988. Under the Act, Federal contractors and grantees must certify that they have a drug-free workplace program. The Nuclear Regulatory Commission has issued supplementary regulations affecting its contractors, and the Department of Defense has issued rules for its contractors. The Administration believes that ensuring compliance with these regulations will contribute significantly to the goal that every Federal contractor and grantee establish a drug-free workplace. The Demand Reduction Working Group, chaired by ONDCP, will continue to oversee the implementation of these regulations and determine whether the need exists for additional measures to enhance their effectiveness.

Model State Drug-Free Workplace Legislation. In November 1990, ONDCP published "Building a Drug-Free Work Force," to help employers in the public and private sectors create incentives for employees to stop using drugs and sanction those employees who continue to use drugs. The Administration encourages States to adopt legislation that conforms with the model. A further discussion of this guide for State legislators can be found in Appendix C.

The Private Sector and Drug Testing. The Department of Transportation has issued comprehensive drug testing rules for its regulated industries such as aviation, rail, highway, and maritime. These regulations affect over four million transportation workers. In the private sector, many companies are making greater use of drug testing, not just among workers in safety-sensitive positions for whom it has long been common, but also in the general employee population. A 1989 Gallup survey conducted for the Institute for a Drug-Free Workplace asked 500 employees in 12 separate States if they think drug testing is a good idea for employees in safety-sensitive jobs, factories, offices, and "your own occupation." In almost every category in every State, a majority of workers strongly support drug testing.

Drug testing programs should only be conducted when high standards of confidentiality and accuracy are enforced, and only when an employee assistance program is available for workers who test positive. Experience has shown that employees are likely to be more accepting of drug testing if all employees are covered. Texas Instruments has a comprehensive drug-free workplace policy that requires drug testing for all employees, from the boardroom to the shop floor. To assist in promoting the establishment of high-quality drug testing programs, ONDCP will establish a working group to review national drug testing legislation pending in the Congress and make recommendations to achieve a bill that will address the accreditation of laboratories. HHS will continue to provide technical assistance on drug testing guidelines and procedures for use by businesses.

Emerging Drug Trends

On the basis of historical drug use patterns, pharmacologic factors in addiction, and current trafficking estimates, the 1989 and 1990 National Drug Control Strategies warned that the use of heroin may well increase in the years ahead, and they made heroin control and treatment — along with efforts to address other potential threats such as smokable methamphetamine or "ice," and highly potent strains of marijuana — major ongoing priorities. Such efforts will continue to be priorities in Fiscal Year 1992.

Heroin. Although there is no solid evidence that any recent increase in heroin use has occurred — in fact, heroin-related emergency room mentions are dropping — a number of factors *could* contribute to such an increase. Foremost among these is the increased availability and purity of heroin on our streets, which often precedes wider use. Second, reports are being received that high-purity heroin is being smoked or ingested through the nose, rather than injected, and often in combination with crack cocaine. Although these practices do not yet appear to be widespread, they could make heroin more attractive to drug users who are reluctant to inject drugs. And third, historical patterns suggest that a small portion of those currently addicted to stimulants, worn out by the physically and mentally exhausting effects, will turn to sedatives like heroin that induce a relaxing, sleepy high.

The possibility of increased heroin use necessitates continuing and expanding our epidemiologic efforts, medications development, and other research. As a result, the Federal government has undertaken major improvements in the National Household Survey on Drug Abuse, one of the best indicators of the Nation's overall drug use. The survey is now being conducted annually instead of every three years and on a much larger sample size. New surveys of major metropolitan areas are being planned, as are surveys of previously undercounted groups, such as the homeless and the incarcerated — among whom heroin use is more apt to occur.

The Administration also will continue to rely on the Community Epidemiology Working Group, chaired by NIDA, which helps pinpoint regional trends in drug usage as they occur, augmented by new State epidemiology working groups and "quick response" surveys that alert us to emerging drug trends. NIDA is pursuing a stepped-up research program that will develop and test promising new methods to treat heroin addiction. Within the next few years, we should have available for wide use existing medications such as LAAM, depot naltrexone, and buprenorphine, that should greatly improve our present ability to successfully treat those who have become addicted to heroin. A more detailed description of the medication development and epidemiological research programs are contained in the Research Agenda section.

Ice. The smoking of crystalline d-methamphetamine hydrochloride, commonly known as "ice," reached near epidemic proportions in Hawaii between 1987 and 1990, and many predicted that the use, production, and distribution of the drug would soon overwhelm the rest of the country. According to the best drug-use tracking systems currently available, ice continues to be used primarily in Hawaii and the Far West. The potential for increased use throughout the mainland still exists, but it appears that ice has not spread significantly beyond Hawaii and the Far West, and that current cocaine users are more apt to turn to heroin than to another, more physically demanding stimulant.

International Initiatives

Long years of experience in fighting drug trafficking organizations and other criminal enterprises have shown that efforts must be made to disrupt and dismantle these enterprises at the key points where they may be most vulnerable to serious disruption. Experience has also shown that a point where the drug trade is most susceptible to such disruptions is its organizational center of gravity — the traffickers' home country base of operations. Consequently, the President's National Drug Control Strategy places a premium upon cooperative efforts with host countries to attack trafficking organizations. These drug control activities at the source and en route to the United States, which ultimately reduce the flow of drugs to the United States, are designed to complement our domestic supply and demand reduction efforts and give them a better chance of success.

The National Drug Control Strategy recognizes that the international drug trade is a threat to our national security and the security and stability of other nations. The 1989 Strategy focused on the major coca producing countries — Colombia, Peru, and Bolivia — through a regional approach. The 1990 Strategy elaborated on the Andean Initiative and directed interagency reviews of plans and programs for Mexico, the surrounding transit countries in the Americas, and the heroin production and transit areas. These reviews have been completed and are incorporated in the 1991 Strategy.

The 1991 Strategy aims first to strengthen the political commitment of drug producer and transit countries to strengthen their laws, legal institutions, and programs to prosecute, punish, and where appropriate, extradite drug traffickers and drug money launderers. The Strategy also provides for increasing the effectiveness of law enforcement and security activities of drug source and transit countries to enable them to take effective action against the drug trafficking organizations.

The Strategy also contains economic assistance programs for the Andean nations that are conditioned on counterdrug performance, adherence to sound economic policies, and respect for human rights. These programs are designed to help Colombia, Peru, and Bolivia fortify their legitimate economies and allow coca growers to turn to other crops and legitimate sources of income.

Coca Source And Distribution Areas

A major component of our international efforts is supporting the principal cocaine producing countries — Colombia, Peru, and Bolivia — in their fight against the multinational criminal organizations that direct the production, transportation, and distribution of drugs to the United States and other countries. The Andean Summit in February 1990 among President Bush and the presidents of Bolivia, Colombia, and Peru at Cartagena, Colombia, established a framework for fruitful cooperation with the Andean countries. The Summit participants pledged themselves to a cooperative, intensified anti-drug strategy to reduce the production, trafficking, and consumption of illicit drugs and to increase international economic and trade cooperation.

Our Andean Strategy contains four near-term goals:

- To strengthen the political commitment and institutional capability of the Governments of Colombia, Peru, and Bolivia to enable them to take the needed steps to disrupt the activities of, and ultimately dismantle, the cocaine trafficking organizations. We are currently assisting these countries in strengthening their ability to prosecute, punish, and where appropriate, extradite drug traffickers and drug money launderers. This is accomplished through the application of resources needed to strengthen the laws and legal institutions now in place, including providing financial support and training to enhance judicial reform.

- To increase the effectiveness of law enforcement and security activities of the three countries against the cocaine trade. This involves providing law enforcement and military assistance to enable them to fight the traffickers in the remote and inaccessible areas in which drug production activities often take place. To enable these countries to apply pressure in key coca growing and processing regions, the United States is also supplying training and technical assistance as well as needed equipment such as aircraft, vehicles, communications gear, and other materiel for law enforcement and security forces.

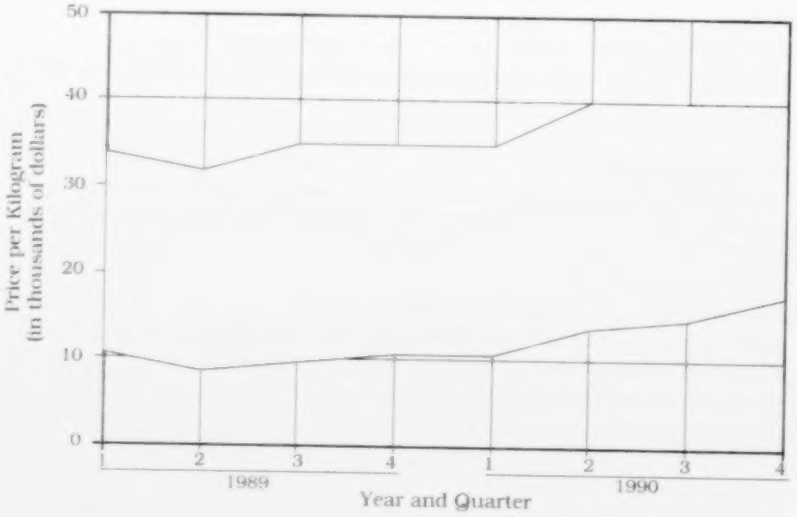
- To inflict significant damage on the trafficking organizations that predominate within the three countries by working closely with the countries concerned to disrupt and dismantle trafficking operations. This involves focusing on trafficking leaders and their key lieutenants — incapacitating them through arrests, prosecution, and incarceration; impeding the transfer of drug-generated funds; and seizing and forfeiting the assets of traffickers within the United States and in other countries.

- To strengthen and diversify the legitimate economies of the Andean nations to enable them to overcome the destabilizing effects of eliminating cocaine, a major source of income. This involves providing balance of payments assistance; supporting income-earning alternatives in coca growing and surrounding areas; and supporting trade and investment programs that generate jobs, income, and foreign exchange throughout the economy. Economic assistance will be conditioned on drug control performance and the countries' adherence to sound economic policies, and respect for human rights. Meanwhile, we continue to seek an expansion of trade in legal products between our countries through the Andean Trade Preference legislation now before the Congress, and eventually, the Enterprise for the Americas Initiative.

During 1990 almost 200 metric tons of cocaine — roughly one-fifth of estimated total world production — were seized in Colombia or en route to southern U.S. points of entry. The Colombian Government's sustained efforts to fight the traffickers have resulted in serious disruptions to the cocaine processing industry. One raid in May 1990 by the Colombian military on a cocaine airstrip complex, using U.S.-provided military equipment and training, resulted in the seizure of 19 metric tons of cocaine. In all, the Colombians seized 50 metric tons of cocaine and cocaine base in 1990 compared with 37 metric tons seized in 1989. Further, they have arrested approximately 40 key traffickers since September 1989 and have extradited 25 of these to the United States.

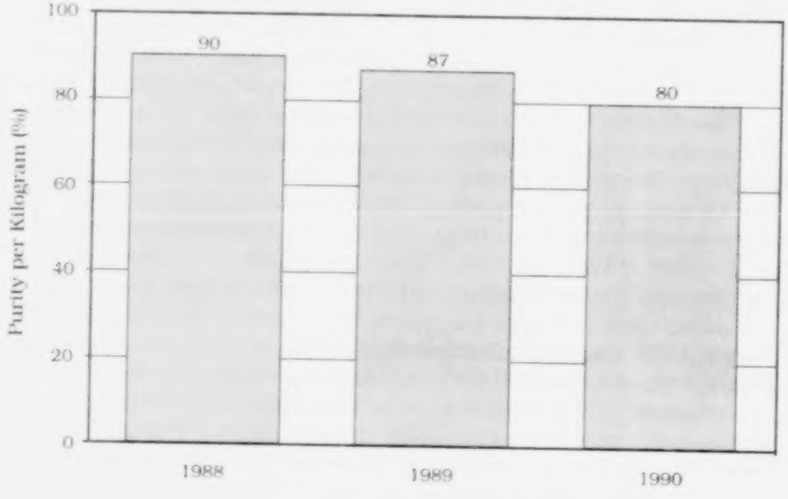
Peru and Bolivia remain the world's largest centers for the cultivation of raw coca. The depressed market for coca leaf in those countries, which existed from November 1989 until at least May 1990, underscores the importance of identifying bottlenecks in the cocaine production pipeline, and mirrors evidence of decreasing availability (and decreasing purity and increasing prices) of cocaine in the United States.

U.S. Wholesale Price Range of Cocaine, 1989-1990



Source: Drug Enforcement Administration, 1990

Purity of Cocaine Entering the United States, 1988-1990



Source: Drug Enforcement Administration, 1990

Maintaining depressed coca leaf prices through sustained enforcement action should create an environment in which growers can more readily switch to income-earning alternatives. In Peru, the United States supports the newly elected Fujimori Administration's efforts to reform the country's economy, but is concerned about its lack of commitment to combat cocaine processing and distribution, and coca cultivation, as evidenced by the lack of a coordinated effort to combat trafficking organizations. Accordingly, the Administration is proposing that law enforcement, economic, and military funding, which have traditionally been requested country-by-country, be combined into regional accounts. This regional arrangement will provide the Administration with the flexibility to provide or withhold assistance from Peru, depending on that country's performance. The United States stands ready to assist the Government of Peru once it has defined its counternarcotics policy.

In Fiscal Year 1990 the United States provided an unprecedented level of assistance — approximately $237 million in resources, equipment, and training — to the Andean countries. In addition, the Department of Defense (DOD) was authorized to provide these countries approximately $28 million more in equipment, training, and related services under the Foreign Assistance Act. In Fiscal Year 1991, we plan to provide approximately $370 million, over half of which would be in the form of economic assistance, if the tests of conditionality are met. To fund the continuation of the Andean Initiative activities, the Administration is seeking almost $500 million in Fiscal Year 1992, $214 million in law enforcement and security assistance, and $285 million in economic assistance.

Trade. The United States supports efforts by drug producer and transit countries to export nontraditional products that provide a secure base for employment and foreign exchange earnings as an alternative to drug production and trafficking. The immediate aim of these programs is to limit the short-term economic dislocations associated with successful drug suppression efforts; the long-term aim is to develop sustainable economic growth based on legitimate trade. The United States is pursuing a range of hemispheric trade programs, including the Andean Trade Initiative (ATI) and the Enterprise for the Americas Initiative (EAI).

The proposed ATI legislation will provide unilateral, duty-free access to the U.S. market for imports from the Andean region for ten years. Duty-free treatment should provide the Andean countries the opportunity to develop a basis for expanded trade and shift resources out of the illegal drug economy. In addition, the Administration is pursuing implementation of the EAI to improve economic growth, increase trade, and promote investment in Latin America. Under the EAI, grants and loans would be available to assist those countries that adopt comprehensive investment reforms and improve the climate for private investment.

The Administration will continue to work with local governments and the local private sector in countries in the region to promote open market policies and regulatory environments conducive to foreign investment. As these environments are created, the U.S. Government will provide assistance to develop the investment base, promote open trade, and provide bilateral debt relief.

Potential Coca Source Countries. Of the other Latin American countries, only Brazil, Ecuador, and Venezuela have the potential for large-scale, profitable cultivation of coca leaf. While recently intensified anti-drug operations in the Andean region may have made these potential source countries more attractive for purposes of coca production and distribution, the amount of coca they cultivate and process is insignificant in comparison with that originating in Bolivia, Colombia, and Peru. Our efforts will be directed at strengthening the political institutions necessary to take aggressive action against the drug trade, particularly against drug money and precursor and essential chemicals. In each of Fiscal Years 1991 and 1992, approximately $14 million will be devoted to drug control programs in these countries.

Drug Transit Areas

In addition to Colombia, Peru, and Bolivia, our cocaine strategy places emphasis on the primary transit countries of Mexico and The Bahamas.

Mexico. Mexico is the primary transit point for cocaine moving into the United States. In addition to being the leading foreign supplier of marijuana to the U.S. market, Mexico produced 8.5 metric tons of heroin in 1989 and now competes with Southeast Asia as a leading source of heroin to the United States. Working with the Mexican Government to control the flow of drugs from and through Mexico is a crucial component of our National Drug Control Strategy.

U.S. policy with respect to Mexico focuses on achieving two key objectives to reduce the flow of illicit drugs entering the United States from or through that country. The first objective is to support Mexican government efforts to take effective measures against drug production and trafficking, to inflict significant damage to the trafficking organizations by apprehending the trafficker leadership, and to disrupt and ultimately dismantle their operations. In this regard, over $18 million in bilateral assistance is planned for counterdrug assistance to Mexico in Fiscal Year 1991. The second objective is to continue to develop and expand cooperative air-, land-, and sea-based initiatives along our common border to increase the effectiveness of Mexican and U.S. law enforcement and supporting military activities against the drug industry. In conjunction with these cooperative efforts, we will seek to strengthen U.S. interdiction efforts on our Southwest Border through technical, personnel, and resource allocations, to complement Mexican and cooperative U.S.-Mexican efforts.

We are encouraged by the close, sustained anti-drug cooperation we have had with the Salinas Administration. Mexican seizures of drugs have risen to unprecedented levels — approximately 48 metric tons of cocaine and 446 metric tons of marijuana in the first 11 months of 1990. In addition, the Mexicans have arrested major figures connected with Colombian drug trafficking organizations. They have also expanded crop eradication efforts, eradicating more than 13,000 hectares of opium and marijuana in the first 11 months of 1990.

The Mexican Government is responding to the increased threat of air-delivered shipments of cocaine from South America by developing an enhanced interdiction capability, including the creation of a Northern Border Response Force, construction of a series of ground-based radars along its southern border, and the purchase of specially-outfitted tracker aircraft that can work in concert with U.S. radar assets operating in international airspace. The United States furnished nine transport helicopters for the new Response Force in Fiscal Year 1991, and anticipates providing 12 more helicopters within a year's time as the Response Force expands. The United States will also provide tactical information on suspected air traffickers and suspect ships. In Fiscal Year 1992, the Administration is seeking $26 million in bilateral drug-control assistance for Mexico.

The Bahamas. Operation Bahamas, the Turks and Caicos Islands (known as OPBAT), is a multinational strike force comprising law enforcement officers from the United States, The Bahamas, and the Turks and Caicos Islands. OPBAT continues to be highly successful against drug smuggling flights into The Bahamas — so successful, in fact, that there has been a shift in such drug flights over the past year. OPBAT remains a major focus of our interdiction efforts in The Bahamas.

Potential Transit Countries. As pressure has built against trafficking throughout The Bahamas and parts of the Caribbean, traffickers have already begun to develop new routes for smuggling cocaine, marijuana, and heroin to the United States. Those countries in the Caribbean, Central America, and South America that are used in varying degrees for transit, money laundering, and the diversion of chemicals cover a vast geographic area and provide only limited opportunity for actual interdiction. Our enforcement resources must be flexibly deployed in a cost effective manner to meet continuously changing patterns of traffic.

Two countries in the region present special circumstances. Geography and continuing instability make Panama a major transshipment country for cocaine and a center for money laundering. Guatemala is the site of a significant increase in opium production and is growing in importance as a transshipment point for cocaine. These two countries will receive priority consideration within the U.S. drug suppression assistance budget levels for transit countries.

Although U.S. resource commitments will be limited, the United States will work to enhance the potential transit countries' counter-drug capabilities through law enforcement and security assistance, interdiction, and effective crop control efforts. We will consider selective and flexible bilateral program assistance and law enforcement liaison efforts with individual countries, as appropriate, to support strengthened law enforcement and judicial institutions. We will consider granting drug-control related security assistance where it is the best and most appropriate means for improving host nation capabilities. We will also seek, through public awareness efforts, to raise the level of concern in these nations about the extent and nature of drug production, trafficking, and use; the acute threat to national security posed by the entrenchment of drug traffickers and their interests; and the danger posed by the drug trade to these countries' sustained economic growth and political stability.

The Department of State's Bureau of International Narcotics Matters and DEA have established Joint Information Coordination Centers in nearly a dozen sites in the Caribbean and Central America to collect, analyze, and coordinate information about traffickers and their air and seaborne assets. These centers will be strengthened and extended to other areas in the region.

Successful action in potential source and transit countries in the Caribbean, Central America, and the northern part of South America will also depend on an overarching U.S. program of intelligence collection and dissemination, drawing together U.S. and allied drug suppression efforts, and improving the ability of U.S. and host country law enforcement to interdict the flow of drugs.

In addition to funds devoted to Mexico, approximately $52 million will be provided in Fiscal Year 1991 for drug-control programs in transit countries, and the Administration is requesting over $54 million for Fiscal Year 1992. These funds, which include funding provided to Brazil, Ecuador, and Venezuela, will be used primarily to strengthen host country law enforcement capabilities. Additional resources will support intelligence collection and dissemination in the area.

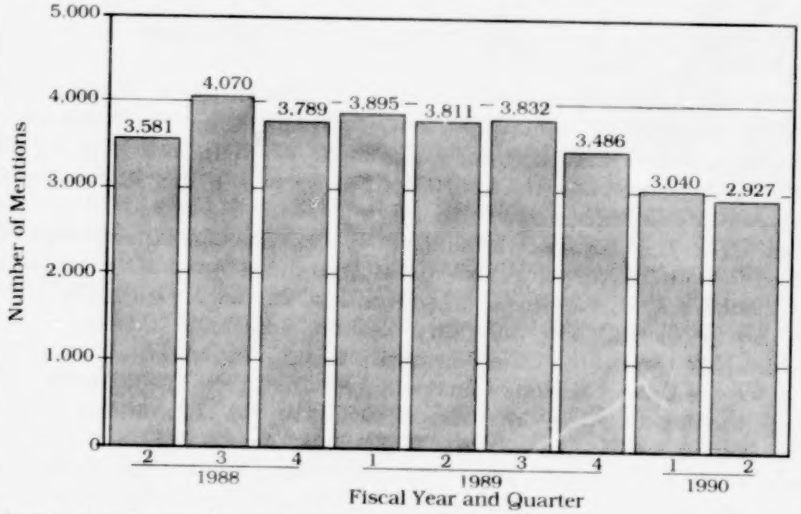
The success of our intelligence collection and processing, interdiction, and investigative activities may prompt traffickers to increase their smuggling through other modes such as cargo containers — more than eight million of which arrive in the United States every year. With the help of the National Guard, the U.S. Customs Service significantly increased the percentage of inspections it made in 1990 of all containers from cocaine source and transit countries. This combined effort resulted in the seizure of over 13,600 pounds of cocaine in Fiscal Year 1990.

Heroin Producing and Distributing Areas

Key indicators point to increasing amounts of heroin arriving in the United States. Although seizures have increased, purity is up, and street prices continue to decrease (reflecting increased availability), measures of heroin *use* in the United States have not reflected an increase in recent years. In fact, our best available indicator of use, the Drug Abuse Warning Network, which measures drug-related emergency room mentions, has registered a substantial decline in heroin mentions over the last year. We will continue to monitor the heroin situation, particularly for changes in patterns of use, such as increased use of smokeable heroin.

The United States will pursue a range of international initiatives to elevate worldwide recognition of the threat to physical health and national security that result from opium cultivation and heroin produc-

Heroin Emergency Room Mentions, 1988-1990[1]



[1] Longitudinal consistent panel of reporting hospitals, September 1990. Other published DAWN data may vary.

Source: NIDA Drug Abuse Warning Network, 1990 tion and use. The Department of State will promote heroin control programs in international and multilateral fora, canvassing other nations for assistance to influence producer countries — especially those to which the United States has limited access (e.g., Afghanistan, Burma, and Iran). We will also encourage multilateral institutions to provide more assistance for programs that could reduce heroin supplies.

To improve heroin supply reduction programs, DEA and Customs will also enhance their efforts at home and abroad on trafficking organizations to interdict heroin shipments and to strengthen the ability of host country law enforcement agencies to do likewise. To improve our ability to concentrate resources on in-transit shipments of heroin and the precursor and essential chemicals used to refine it, DOD is examining the need to augment intelligence resources to target transit routes in the South China Sea and the Indian and Pacific Oceans, as asset availability allows. The United States will pursue the possibility of concluding bilateral agreements where appropriate, such as Tax Information Exchange Agreements, Mutual Legal Assistance Treaties, and asset sharing and extradition treaties to enhance law enforcement cooperation.

The United States will provide more than $38 million for programs to attack Asian heroin production and trafficking in Fiscal Year 1991 and we seek $43 million for these programs in Fiscal Year 1992. It is anticipated that additional funding will be provided by the United States through multilateral institutions.

Supporting International Initiatives

The Administration has participated in a number of productive diplomatic exchanges in addition to the Andean Summit at Cartagena. In February 1990, at the encouragement of then-President Virgilio Barco of Colombia, the United Nations convened a Special Session to discuss ways to reduce both the supply of, and the demand for, illicit drugs. The countries attending the Special Session agreed that the United Nations must "protect mankind from the scourge of drug abuse," and placed special emphasis on preventing, reducing, and eliminating demand for drugs. The Secretary of State announced at the Special Session that the United States had ratified and implemented the provisions for the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (known as the Vienna Convention). As of January 1991, 33 countries had ratified the Convention. Ratification of the U.N. Convention by other countries remains a key objective of the United States.

President Bush joined the other G-7 leaders at the July 1990 Economic Summit in Houston in focusing international attention on the need for multilateral, economic, developmental, and anti-drug support for Latin America. In addition to endorsing the work of the Financial Action Task Force (FATF), and extending its mandate for an additional year, the G-7 leaders established a Chemical Action Task Force, which will develop common initiatives among industrialized nations to prevent the diversion of precursor and essential chemicals used in the manufacture of illicit drugs. (See the Border Interdiction and Security section for additional details.) The Economic Summit also supported the strategy outlined in the Declaration of Cartagena and singled out the importance of supporting Colombia, Bolivia, and Peru with economic, law enforcement, and other assistance. The United States will continue to pursue these multilateral money laundering and chemical initiatives.

All members of the European Community, the European Commission, Australia, Canada, Japan, and Sweden agreed during a meeting in Dublin, Ireland in June 1990 to join the United States in forming a consultative mechanism on narcotics. The Administration, through the Department of State, supports and will work closely with the Dublin Group to increase cooperation among the developed countries in all areas of the fight against illicit drugs. The first meeting of this group was held in Rome in November 1990. The United States will continue to work to strengthen the effectiveness of this group. The United States has also worked with the United Nations to restructure its counternarcotics elements to simplify them and make coordination among various U.N. components more efficient.

Ministers from 112 countries attended the April 1990 London World Ministerial Drugs Summit, while that same month more than 20 countries sent representatives to the Organization of American States' (OAS) Ministerial Conference at Ixtapa, Mexico. The Ixtapa forum resulted in agreement to extend the hemispheric framework for attacking drug production, trafficking, and abuse. The ministers approved model regulations on the control of precursor chemicals and agreed on several issues, including international law enforcement cooperation; coordination and cooperation in seizing assets related to drug trafficking activities; and stemming the flow of illegal arms exports. The United States will continue to pursue similar counterdrug initiatives, particularly in financial, chemical, and demand reduction areas in all appropriate future international meetings.

The United States Information Agency (USIA) will continue to provide information to other nations about the threat posed by the drug trade to national security, economic welfare, national health and productivity, and the environment. USIA describes our own drug problem to other countries, along with our strategies to cope with it, our progress in fighting it, and reports of domestic drug suppression activities such as marijuana eradication. Approximately $3.8 million will be devoted to USIA efforts in Fiscal Year 1991 and $4.5 million is requested for Fiscal Year 1992.

Money Laundering Control

While the global drug trade still depends heavily on the movement of cash, its very bulk and the need for cover and dispersion dictate that traffickers attempt to exploit the traditional banking system. The flow of money through the international banking system and other financial institutions and mechanisms not only provides drug trafficking organizations and cartels with alternative sources of capital to defray operating expenses, purchase goods and services, and bribe public officials, but gives them global access to banks and investment houses to facilitate their "savings" and "investments." The National Drug Control Strategy contains three primary goals with respect to money laundering: first, to prosecute, convict, and incarcerate money launderers and leaders and members of drug trafficking organizations; second, to freeze, seize, confiscate, and forfeit criminally derived assets; and third, to deter individuals or institutions from cooperating with money launderers or their clients. These last goals will continue to be pursued through enforcing, and where needed, strengthening existing laws and regulations, and increasing the certainty of sanctions in the event of noncompliance.

The flow of money does not recognize national boundaries, and, as we tighten our own regulations and enforcement procedures to prevent money launderers from using the U.S. financial system, traffickers will continue to turn to foreign banks and transfer mechanisms. The Administration is therefore working with foreign governments and enhancing our liaison with foreign money laundering investigative agencies. Our cooperative efforts include bilateral and multilateral initiatives. We support full implementation of the Vienna Convention, which commits signatory nations to take "such measures as may be necessary to enable its competent authorities to identify, trace, and freeze or seize proceeds" of drug trafficking. The Convention further stipulates that "a party shall not decline to act on the grounds of bank secrecy."

The United States has also been a principal advocate at the 1989 and 1990 Economic Summits of utilizing an FATF of major money center countries to establish a global consensus on legislative and banking actions to curb the flow of drug proceeds through both banking and nonbanking financial institutions. FATF I issued a report, endorsed in April 1990 by the financial ministers of the original 15 participating financial center countries, containing 40 recommendations that parallel the U.N. Convention and setting high international standards for legislative and regulatory actions to control money laundering. FATF II, now including 26 countries and several regional organizations, will seek to expand this precedent-setting consensus. Additional recommendations are expected in such critical areas as asset sharing, regulation of nonbank financial institutions, and mutual assistance.

The OAS has tasked a group of experts with developing model regulations to implement at the national level the money laundering provisions of the Vienna Convention. Many OAS member states as well as other governments in the Caribbean are participating in the Caribbean Drug Money Laundering Conference. In June 1990, Conference participants agreed to refer favorably to their governments for review toward possible implementation the FATF recommendations and 21 new action recommendations unique to the Caribbean community. The United States strongly supports both of these hemispheric initiatives. U.S. officials have consulted with the Commission of the European Communities on its pending money laundering directive, and participated with the Council of Europe and a U.N. working group in developing their protocols. These multilateral efforts reflect a high degree of global awareness of the need to strip drug traffickers of their profits. The United States has been an acknowledged leader in raising that level of awareness and proposing corrections.

The United States is also engaged in a number of bilateral initiatives. An interagency group led by the Department of the Treasury integrated the Congressional requirement for negotiations on currency transaction recording into its overall international strategy to prevent money laundering, and held discussions with 17 of the 21 highest priority countries to achieve the specific objectives of Section 4702 of the Anti-Drug Abuse Act of 1988. These discussions led to one new agreement and, in some instances, understandings on recording large currency transactions involving U.S. dollars, and on establishing mechanisms for sharing these data with U.S. officials. Efforts such as these are enhanced by the negotiation of Mutual Legal Assistance Treaties, Customs Cooperation Agreements, and other bilateral activities that involve the Departments of State, Treasury, Justice, and the Federal Reserve and other agencies.

International Demand Reduction

The demand for drugs is a worldwide problem. Further progress in reducing the demand for drugs in the United States depends in part on reducing the supply of drugs entering this country. For other nations to cooperate with the United States and with each other in reducing supply, they must understand that drug production, trafficking, and consumption threaten their national well-being and the entire community of nations. The United States works to persuade other nations that involvement in any segment of the drug chain ultimately results in corruption and drug use at home, and that drug consumption soon affects national security by destroying the essential fabric of society. Understanding these points is crucial in helping build the political will required to fight powerful drug traffickers in producer, transit, and consumer nations.

To convince other nations of the need to solve their drug problems, the United States must demonstrate that we are taking the necessary social, economic, and political steps to reduce our own demand for drugs, and that we have made real progress in doing so. The Bureau of International Narcotics Matters, the U.S. Agency for International Development, the Department of Health and Human Services, the Department of Justice, the Department of Education, and USIA are responsible for implementing the Administration's international demand reduction efforts.

The Administration helps other nations assess the extent of their drug problems and develop programs to reduce drug consumption. To support our international drug reduction efforts, we will promote public awareness initiatives that clearly articulate the purpose, nature, and success of U.S. demand reduction strategies. For example, our visitor exchange programs and other information activities will continue to explain demand reduction programs within the United States, and provide other countries with information on effective drug prevention and treatment programs. We will undertake specific initiatives in epidemiological research to help countries identify and target their demand reduction efforts, and to provide the basis for national awareness of the nature, extent, and consequences of host nation drug use.

In South and Central America and the Caribbean, our goals are to increase leadership and public awareness of the extent of illicit drug use and its consequences, to develop source and transit country prevention capabilities, and to help such countries measure the nature and extent of indigenous drug use. We will also continue to encourage increased information sharing and cooperation in awareness and prevention activities among countries in the region. In May 1990, with strong U.S. support, a Plan of Action for region-wide drug abuse education was adopted in Quito under OAS auspices. We will continue to work with the OAS, which is now implementing this plan to foster regional cooperation in preventive education and the mobilization of the private sector, especially the media. In Europe, we will emphasize cooperative efforts with the European Community and countries participating in the Dublin Group to provide targeted demand reduction assistance to supply and transit countries.

Our efforts in the opium producing countries of Southwest and Southeast Asia are also directed at increasing leadership and public awareness of illicit drug use and its consequences. We will seek to develop cooperative research in opium and heroin addiction with appropriate national and private institutions. We will give special attention to helping these countries develop their own means to determine the nature, extent and consequences of drug use. We will work closely with other countries to develop and share information on effective treatment methods.

Border Interdiction And Security

Aside from the obvious fact that their activities are destructive and illegal, drug trafficking organizations can be thought of as analogous to any other business enterprise: they create a product from raw materials, transport that product to the marketplace, and then distribute it to wholesalers and retailers who sell it to individual consumers. Viewing trafficking organizations in this way highlights the fact that there are several key points at which they are vulnerable to our supply reduction efforts. No business, legal or otherwise, can long prosper if its means of production, its product, its communications, its methods and routes of transportation, and its proceeds are disrupted, seized, or destroyed on a regular basis.

Halting the distribution or sale of drugs at the street level is principally the responsibility of State and local governments (as discussed at greater length in the Criminal Justice System section). Multinational efforts to block production and transportation of drugs at the source are the responsibility of the Federal government (and are discussed in detail in the International Initiatives section). Disrupting trafficking operations by interdicting their shipments between the source countries and our border likewise requires the considerable resources, unique capabilities, and national scope of the Federal government.

The ultimate goal of interdiction is to deter drug smuggling by intercepting and seizing illicit drug shipments entering the United States. This disruption of drug trafficking operations raises the traffickers' cost of doing business by forcing them to take expensive countermeasures: using longer and more circuitous routes; training new personnel to replace those apprehended; purchasing sophisticated electronic equipment to detect law enforcement surveillance; developing new concealment techniques; replacing expensive seized assets; and stockpiling drugs closer to the production area, thus making them more vulnerable to foreign law enforcement efforts.

But interdiction remains a particularly difficult and expensive task due to the huge amount of air, sea, and land territory that must be covered; the vast number of vehicles, boats, ships, and aircraft that enter the United States daily; the high cost of sophisticated law enforcement equipment and technology; and the ability of traffickers to adapt to enforcement efforts. This difficulty has promoted a spirited debate between those who argue that we should "seal off" our borders, and those who argue that interdiction is a hopeless endeavor tying up funds that could be more effectively applied elsewhere in the war on drugs. These are extreme positions, either of which — if adopted — would have an adverse impact on domestic activities and international relationships. The United States has resisted the temptation to seal our borders because it is neither feasible nor consistent with our heritage as a nation of immigrants and our constitutional traditions. But an abandonment of interdiction efforts against drug traffickers would be an abdication of our obligation to protect U.S. citizens from criminal elements who threaten our security and public well-being. Simply put, a civilized society does not leave its border totally open to those who would harm its citizens. Interdiction has both symbolic and real value. It demonstrates our national will to oppose drug traffickers on every available front, and it increases the chances of apprehending traffickers and their agents, thereby making the supply of drugs to their customers erratic and unreliable.

The Administration will maintain its present level of interdiction and take steps to make it more effective. The President's budget proposes $2.1 billion in Fiscal Year 1992, mostly to maintain the operational capability of equipment and systems already procured and now coming on line. For the foreseeable future, we will hold overall interdiction resources at roughly their current rate of spending, adjusted for inflation and minor improvements or expansions.

As a result of the Administration's policies and programs, interdiction efforts have succeeded in preventing significant amounts of drugs from making their way to American streets. In Fiscal Year 1990, for example, Customs, the Border Patrol, and the Coast Guard made over 16,000 drug-related arrests and seized a combined 215,000 pounds of cocaine with a street value estimated in excess of $3 billion. We have also interrupted and prevented the export of significant amounts of chemicals critical to the production of many illegal drugs, and have disrupted schemes by which traffickers launder their illegal profit through legitimate financial institutions. Such endeavors continue to receive major emphasis in the National Drug Control Strategy. Though they will not by themselves end drug trafficking, if intelligently applied they can help keep traffickers off balance.

While the drug trafficking problem may in some respects be improving, there is more work to be done. For example, intelligence collection and analysis is an important part of the interdiction process. With increased emphasis in this important area, we expect to increase the probability of detection and apprehension. (This subject is discussed in greater detail in the Intelligence and Information Management section.) We must also improve coordination and cooperation among Federal law enforcement officials engaged in interdiction activities. Much has been done to increase interagency coordination in these operations, but the fact remains that each agency (the Department of Defense, Coast Guard, and Customs) ultimately controls the disposition of its own air assets. To ensure that the great expertise each of the interdiction agencies possesses is fully employed, we will continue to integrate and streamline the chain of command element for interdiction operations. This operational integration will thus parallel the management integration achieved through the Border Interdiction Committee (further described in Appendix C). Finally, we must continue to turn up the pressure on traffickers in the air, on land, and at sea.

Law Enforcement

The interdiction process includes five major phases: detecting the target, whether on the sea, in the air, or on land; sorting legitimate traffic from that which might be illegal; intercepting potential smugglers; searching them; and, if they are violating the drug laws, arresting them. This process is extremely complex because it frequently involves several Federal agencies and departments operating over a vast area. In fact, as traffickers change their tactics to include airdrops further from our shores, either at sea or in transit countries, the "interdiction zone" must be expanded and targets must be detected, sorted, and intercepted closer to their departure from source countries.

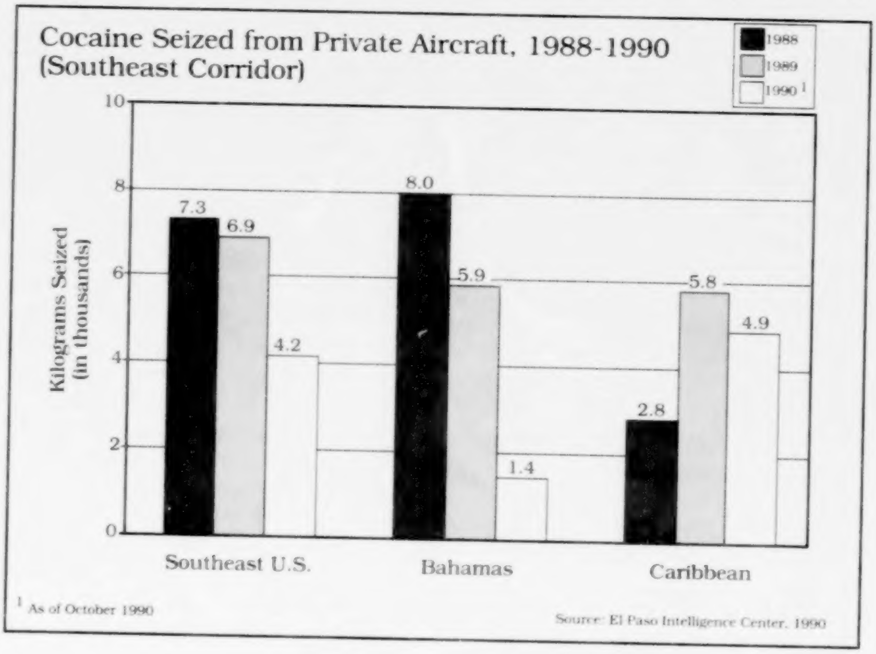
Air Interdiction. The principal goal of air interdiction operations is to deter smugglers using aircraft by denying them safe, direct, and economical routes to major distribution areas in this country. A related goal is to seize the drugs, the aircraft, and the smugglers. Air interdiction activities in international airspace are conducted by the Coast Guard and Customs Service, assisted by other agencies depending on the location and assets needed.

Detecting airborne smugglers is accomplished by utilizing radar on airborne platforms (including AWACS, E-2C, and P-3 aircraft, as well as anti-air warfare capable ships) and ground-based aerostat radar, which provides surveillance coverage of low-flying smuggler aircraft. The National Drug Control Strategy calls for an aerostat detection system along the southern U.S. border, in The Bahamas, and in Puerto Rico (which will cover the U.S. Virgin Islands). Currently, eight aerostats are in place and we anticipate completing the system by 1993.

Until recently, the aerostat network has been managed and operated by three separate agencies: the Customs Service, the Coast Guard, and the Department of Defense (DOD). The Fiscal Year 1991 appropriation requires that DOD will assume control and operation of the aerostats previously operated by the Customs Service. In assuming control of these aerostats, DOD will ensure that the needs of other interdiction agencies are fully considered in any decision affecting the aerostats.

A critical phase of the air interdiction process is sorting the enormous volume of legitimate commercial and private air traffic from those engaged in illegal smuggling. The Federal government is taking steps to facilitate this process. For example, the Federal Aviation Administration (FAA) now requires that all aircraft entering the United States from abroad be equipped with transponders. The Administration is proposing further initiatives that target the pilots of drug trafficking aircraft. These initiatives would penalize pilots who violate flight planning, entry notification, and border clearance rules with increased fines and revocation of pilot certificates.

Coordinated, multiagency air interdiction efforts have also achieved notable success. For example, Operation Bahamas and the Turks and Caicos Islands (known as OPBAT), a multiagency initiative to facilitate enforcement actions by Strike Force personnel from The Bahamas and Turks and Caicos Islands, has had considerable impact on drug smug-



Cocaine Seized from Private Aircraft, 1988-1990 (Southeast Corridor)

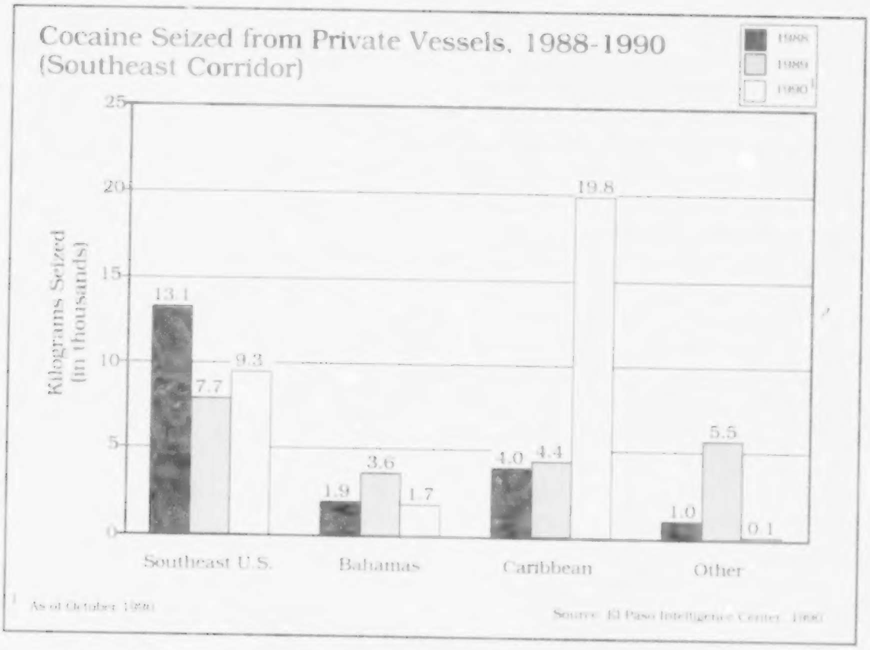
1 As of October 1990

Source: El Paso Intelligence Center, 1990 gling flights into and out of those islands. Air smuggling cases in that region have dropped to an all-time low as these convenient smuggling routes have been denied to traffickers.

Despite the best efforts of the Administration to apprehend airborne drug traffickers, airborne smuggling by private pilots constitutes a major means by which cocaine is transported from foreign countries toward the United States. When detected, many of these smugglers simply ignore directions to land, jettison their drugs, and flee. However, U.S. authorities have no legal means to compel compliance to land. The Administration's National Drug Control Strategy Implementation Act of 1990 would have made it a criminal offense to fail to obey the order of an authorized Federal law enforcement officer to land an aircraft or bring-to a vessel. This proposal also would have clarified the role of the Coast Guard by providing it specific law enforcement authority to order an aircraft flying over the high seas or U.S. territorial waters to land. Further, FAA would have been given authority to suspend summarily or revoke the registration certificate of an aircraft if its pilot refused an order to land. None of these proposals was adopted by Congress. Since these initiatives are critical to the success of our interdiction efforts, we will pursue them in this session of Congress.

Maritime Interdiction. Maritime interdiction on the high seas and in U.S. territorial seas is primarily the responsibility of the Coast Guard. Customs has identical jurisdiction in the territorial seas and is the lead agency at U.S. ports of entry. Our maritime interdiction efforts focus principally on deterring drug smuggling by monitoring seaborne smuggling routes, detecting and seizing drug-smuggling vessels, and arresting their crews.

Over the years, maritime smuggling methods have grown increasingly sophisticated and have changed to counter enforcement efforts. For example, as air interdiction efforts in the southeastern United States and The Bahamas became more effective, drug smugglers began using airdrops to boats off Puerto Rico and the Virgin Islands. The Coast Guard Shiprider program, in cooperation with source and transit countries, provides for law enforcement personnel from each of these countries and territories to accompany U.S. Coast Guard vessels on operations conducted in and around their territorial seas. Besides fostering international cooperation, this program reduces the ability of smugglers to use foreign territorial seas as safe havens. These exchanges have already occurred on ships operating in waters off The Bahamas and the British Virgin Islands, and agreements are currently being developed with other nations of the Caribbean Basin. These efforts, coupled with increased detection and intelligence capability, have contributed to a significant decrease in airdrops in The Bahamas: 62 were detected during Fiscal Year 1989, for example, but only 36 were detected during Fiscal Year 1990.



Cocaine Seized from Private Vessels, 1988-1990 (Southeast Corridor)

[1] As of October 1990

Source: El Paso Intelligence Center, 1990

Land Interdiction. The primary goal of land interdiction is to seize drugs, drug-related money, and illegal munitions and chemicals as they enter or leave the United States at and between the Nation's ports of entry and through the international mails and, if possible, to arrest the smugglers and their criminal confederates. Apprehensions at the border will continue to be accomplished primarily by Customs and the Immigration and Naturalization Service (INS), and between ports of entry by the Border Patrol through line watch operations and checkpoints along and in proximity to the border.

In Fiscal Year 1991, the Border Patrol received $29 million specifically for additional agents and equipment to augment drug-related activities at and between ports of entry.

Drug trafficking organizations operate without regard to jurisdictional boundaries, thus creating the need for multi-jurisdictional task forces. These task forces combine the unique capabilities of Federal, State, and local law enforcement agencies against highly sophisticated and diversified criminal drug-related enterprises. For example, Operation Alliance brings together Federal, State, and local law enforcement agencies to provide coordinated interdiction efforts along the Southwest Border. During Fiscal Year 1990, nearly 400,000 pounds of marijuana and 34,000 pounds of cocaine were seized as a result of initiatives coordinated by Operation Alliance.

The active component military and the National Guard have provided significant support to Border Patrol, Customs, and local law enforcement agencies along the land borders. During three major operations in Fiscal Year 1990, National Guard personnel manned surveillance posts along the border, provided surveillance of remote clandestine airstrips, and provided critical transportation, communication, and support missions. Additional reserve component military personnel will now augment active military and National Guard operational support to law enforcement.

At all ports of entry, the principal threat is the use of commercial containers and cargo to smuggle large quantities of drugs. A significant component of ongoing efforts to reduce smuggling in containers is the application of sophisticated new science and technology resources. Federal laboratory and private industry-developed capabilities are being tested for near-term application. Customs, assisted by the National Guard, has significantly increased the number of examinations of containers arriving from source and transit countries.

In accordance with the 1990 National Drug Control Strategy, the Drug Enforcement Administration (DEA) cross-designated an additional 1,000 Customs special agents to authorize them to conduct drug investigations related to border smuggling and interdiction. One investigation by these agents in 1990, in cooperation with DEA, resulted in the discovery of a drug-smuggling tunnel stretching 100 yards under the U.S.-Mexico border. Customs and cooperating Federal, State, and local agencies seized 2,260 pounds of cocaine and $2.5 million in cash and real property. Mexican authorities, acting on information provided by U.S. agents, seized an additional 2,000 pounds of cocaine and 16 tons of marijuana.

Finally, the use of drug detecting dogs has proved to be a cost-effective way to increase the efficiency of our enforcement efforts. Accordingly, the Administration will request $3.5 million in Fiscal Year 1992 for the renovation and expansion of Customs' Front Royal Canine Training Facility.

The Administration will soon complete a review of border security issues including needs for improved database management, communications, surveillance technology, border control systems, and coordination among agencies with border control responsibilities. Following completion of this internal review, any recommendations related to drug control efforts will be incorporated into the next National Drug Control Strategy.

Precursor and Essential Chemicals. Without necessary raw materials to produce their products, drug trafficking organizations cannot survive. Since the chemicals used to process illicit drugs like cocaine and heroin are not found where these drugs are actually produced, drug organizations must import them from all over the world, including the United States. The U.S. Government is taking steps to halt this illegal diversion and further disrupt drug trafficking operations. For example, we are vigorously enforcing the provisions of the Chemical Diversion and Trafficking Act of 1988 and enlisting the cooperation of the U.S. chemical industry and European chemical exporters and trading firms. The Administration is encouraging those States that have not already done so to enact laws to prevent these chemicals from ultimately being diverted to the illegal drug trade.

Further, to ensure that chemicals are used for legitimate purposes, the United States has entered into bilateral agreements with Peru, Bolivia, and Panama, and the Administration soon hopes to sign agreements with Colombia and Ecuador. The United States has actively participated in the drafting of model regulations by the Organization of American States and is chairing the multination Chemical Action Task Force.

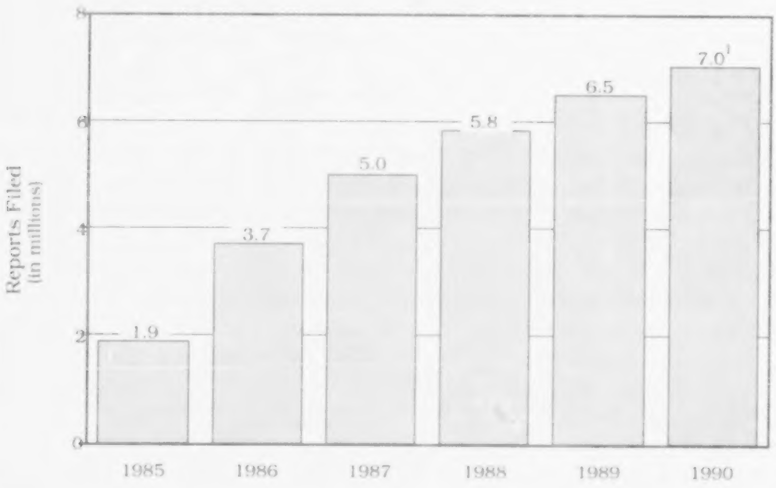
Indications are that these efforts are bearing fruit. For example, Operation CHEMCON, a joint Customs-DEA program at all ports of entry, resulted in numerous fines and the seizure of 36 million pounds of precursor and essential chemicals in Fiscal Year 1990. DEA also reports a 36 percent decline in the number of clandestine lab seizures, a possible sign that domestic drug traffickers are also feeling the impact of these enhanced efforts. The United States was the source for over half of the listed chemicals capable of use in processing cocaine that Colombia imported in 1988. In 1989, however, this percentage decreased to approximately 33 percent. Unfortunately, European chemical exports to Colombia have increased significantly, a problem that is being addressed by the Chemical Action Task Force and by diplomatic initiatives with key European source countries and with the European Community in Brussels.

Money Laundering. Drug traffickers are in business to accumulate wealth. Money is the lifeblood of the criminal activity. Because drugs are purchased with cash, not with checks and credit cards, drug dealers and traffickers frequently transfer or launder this money through legitimate financial transactions and institutions to disguise its illegal origin. A top priority of the National Drug Control Strategy is to bar the doors of the world's financial institutions to drug money launderers. Our comprehensive money laundering strategy focuses on four aspects of the problem: improving our intelligence and data analysis capabilities to understand the financial activities of the drug traffickers better; conducting criminal investigations of suspected money laundering activities, to arrest and prosecute those engaging in same, and to seize and forfeit laundered drug proceeds and accumulated wealth; achieving effective regulation and criminal investigation at both the State and Federal level; and finally, because of the international character of drug trafficking and the interdependence of the world's financial institutions, promoting international cooperation in stopping money laundering.

In order to establish coherent priorities for money laundering in the Strategy, a Roundtable of Experts comprising Federal and State financial experts as well as representatives from the private banking and financial community met in 1990 to address emerging problems in this field. Because reporting requirements involving cash transactions have become more effective under the Bank Secrecy Act, money launderers are less likely to deposit large amounts of undisguised cash into bank and savings accounts. Consequently, new strategies dealing with cash exchange houses, phony businesses, and other nonbank financial institutions must be designed. Aggressive Federal investigations, prosecutions, seizures, and forfeitures will continue to deter drug traffickers further.

Better intelligence and analysis of trends is necessary to stay abreast of the changing criminal activities of the drug traffickers. The Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) was established in 1990 to provide a multisource data access and financial service to Federal, State, local, and foreign law enforcement agencies. This innovative approach to financial analysis will tap the expertise and data resources of numerous agencies, and the resulting intelligence and analysis should become an increasingly effective resource for all law enforcement.

Currency Transaction Reports Filed, 1985-1990



[1] Estimated

Source: Department of the Treasury, 1990

Finally, international cooperation is essential because money laundering is a global problem. A further discussion of international and cooperative efforts to combat money laundering can be found in the International Initiatives section.

Munitions. The increasing flow of weapons to drug traffickers throughout the world, particularly in the Western Hemisphere, is of grave concern to the United States and our drug-fighting allies. In February 1990, President Bush and the Presidents of Colombia, Bolivia, and Peru signed the Declaration of Cartagena, agreeing to "strengthen controls over the movement of illegal weapons and explosives" and to stem the export of weapons from the United States to illegal drug traffickers in the three Andean nations. Customs and the Bureau of Alcohol, Tobacco, and Firearms have implemented programs for vigorous enforcement of the Arms Export Control Act, the Export Administration Act, and the Gun Control Act.

The Southwest Border Area

The success of interdiction forces in the southeastern United States and the Caribbean islands and seas has caused drug smugglers to shift their focus towards Mexico as a primary transfer point into the United States. Interdiction of drugs along the 2,000-mile border between the United States and Mexico poses a unique problem to law enforcement agencies, in part because drug shipments are all but lost in the large volume of legitimate commerce between the two neighbors, and in part because of the border's sheer length and terrain. Since the Southwest Border continues to be the principal corridor for moving drugs (especially marijuana and cocaine) into the United States, it retains its designation as a High Intensity Drug Trafficking Area (discussed further in Appendix A). Recent intelligence reports and threat assessments — which indicate a stockpiling of narcotics along the border and an increasing control of Mexican trafficking organizations by Colombian cartels — support a continued strategic focus on Southwest Border trafficking. To interdict drugs shipped across the Mexican border, the United States government will continue to stress law enforcement efforts in this area, deploy sophisticated technology to monitor the enormous volume of relevant traffic, and cooperate more closely with the Mexican government in coordinating our mutual efforts. These efforts on the Southwest Border will be undertaken in accordance with the Southwest Border Drug Control Strategy, developed under the auspices of Operation Alliance.

Manpower and Resource Expansion. In accordance with the National Drug Control Strategy, resources have been enhanced along the Southwest Border. This effort began shortly after the release of the

1990 Strategy and will continue with greater intensity over the next year. In Fiscal Year 1991, the Administration is strengthening our law enforcement capabilities on the Southwest Border by expanding manpower and resources: 175 more Customs Service inspectors; 200 more Border Patrol agents; 23 more canine drug detection teams; and more money for capital assets such as fencing, ground sensors, traffic checkpoints, aerostats, and other equipment to detect smugglers. The creation of DOD's regional Joint Task Force Six in El Paso, Texas — designed to oversee and coordinate DOD operational support to Federal, State, and local law enforcement organizations — has enhanced our capability to disrupt illegal drug smuggling in this region.

The Administration believes that the addition of these resources to those already in place will significantly disrupt illegal drug trafficking along the Southwest Border. Therefore, although there will be increases dictated by the changing nature of the smuggling threat, the buildup of manpower and resources in the coming year will not be as dramatic as it was in the past year. A new emphasis will be placed on research and development projects that will increase our effectiveness in the overall interdiction arena, including team oriented multiple examination efforts at ports of entry designed to disrupt potential smugglers. The Administration will seek $119 million in Fiscal Year 1992 for law enforcement related research and development efforts.

Cooperation with Mexico. Our enforcement efforts along the Southwest Border are enhanced by the increasing cooperation of the Government of Mexico. The Mexican government has arrested major figures connected with drug trafficking networks, increased its domestic crop eradication efforts, committed more financial and personnel resources to the battle in recent months, and is continuing to strengthen interdiction efforts against drug traffickers from third countries who transship drugs via Mexico to the United States. During the next year we will continue to work closely with the government of Mexico to develop means to pursue drug supply and demand control as a mutually beneficial endeavor. (A further discussion of this topic can be found in the International Initiatives section.)

A Research Agenda

The 1989 and 1990 National Drug Control Strategies established an ambitious Federal commitment to long-term research in the fields of drug treatment, education and prevention, criminal justice, and drug use. The fruits of this research will continue to guide Federal anti-drug programs and policies in coming years. And still more pointed efforts are needed to develop better information for national policy decision-making, better technology in support of drug law enforcement initiatives, and better medical techniques to treat the effects of drug use.

In Fiscal Year 1991, $435 million will be spent on drug-related research and development efforts. For Fiscal Year 1992, the Administration will seek $488 million to maintain and expand this support. Numerous Federal Departments and agencies play some role in enhancing the state of our knowledge regarding drugs and the techniques to combat them. The broad contours and highlights of Federal anti-drug research are discussed below.

Science and Technology

Counternarcotics Technology Assessment Center (CTAC). The highest priorities of ongoing Federal drug-related science and technology research include communications interoperability, automated data processing and information management, improved sensor and tracking devices, enhanced radar systems, improved technology for human intelligence resources, and improved detection capability at ports of entry. To implement this agenda, a CTAC, headed by a Chief Scientist, is being established within the Office of National Drug Control Policy (ONDCP) in accordance with legislation enacted in 1990. The Chief Scientist, serving as chairman of the ONDCP Science and Technology Committee, will set drug-related research and development priorities based on technical merit and fiscal considerations, and will formulate a comprehensive plan for the acquisition and use of advanced drug law enforcement technologies by Federal agencies. This plan will provide a mix of quick, relatively inexpensive solutions and longer-term projects. To provide for new initiatives in 1992, a Science and Technology Research and Development Fund of $1 million will be established at ONDCP to augment agency research and development budgets. All told, the Administration will seek $119 million in law enforcement drug-related science and technology research funding.

Increased Use of National Resources. Various Federal research and development laboratories have already developed a number of technologies that, with some further low-cost refinement, can provide short-term technology benefits to drug law enforcement agencies. Most of these facilities already have technology transfer programs that can help reduce the cost of technology development to the Federal government. To help stimulate this information exchange, ONDCP is sponsoring a Federal Laboratory Consortium award to recognize outstanding individual or laboratory contributions that result in the transfer of federally-developed technology or assistance to drug enforcement agencies or activities.

While Federal research and development facilities have become integrated into the technology acquisition process, private sector, industry, and academic facilities have not yet been fully utilized. The Science and Technology Committee will sponsor conferences and information exchange programs for these major sources of enforcement technology to encourage them to focus their internally-funded research and development initiatives, to improve the efficiency of the proposal and marketing processes, and to accelerate the adaptation of existing technologies and ideas.

Technology Development Sponsors. The Science and Technology Committee is reviewing existing drug-related research and development projects with a view towards eliminating duplication. Each project will be managed by a lead agency with joint agency sponsorship and funding. This will ensure that where economies can be identified, scarce research resources will be wisely spent.

Contraband Detection Technology. The National Institute of Corrections, in conjunction with the National Aeronautics and Space Administration, has begun a program to adapt space program technology for use in Federal and State prisons. Areas of interest include enhancing contraband detection capability, perimeter security, and personnel identification. The Science and Technology Committee will investigate the integration of these technologies with other developing contraband detection technologies that can be used at our international airports, seaports, and border crossings to detect smuggling of illegal drugs.

Agricultural Research. The Department of Agriculture has made great strides in the development of safe and effective means to reduce the supply of biologically produced drugs, and in improvements of agricultural methodologies for substitute crop programs. These research efforts will continue.

Communications. Drug traffickers continually monitor law enforcement communications in an effort to adjust smuggling operations and avoid apprehension. With Department of Defense assistance, Federal law enforcement agencies will improve their communications security and work to devise means of exploiting the communications vulnerabilities of trafficking networks.

Automated Data Processing (ADP). Federal law enforcement agencies are upgrading their ability to store, retrieve, and manipulate information to understand drug trafficking networks better and to attack them more effectively. These efforts, under the general direction of the Science and Technology Committee's ADP Working Group, are intended to create more fluid information-sharing systems among Federal agencies.

Data Collection and Evaluation

Basic Information for National Policy-Making. The detailed picture of drug use and trafficking patterns necessary to formulate intelligent national policy can be developed only by means of wide-ranging, interdisciplinary data collection and evaluation. Current priorities in this area include improvements in the information systems that measure our national objectives, expanded treatment data, and intensified treatment and prevention evaluation. The 1989 and 1990 Strategies launched several important research initiatives. At present, drug-related data collection and evaluation research receive approximately $104 million annually in Federal support. In Fiscal Year 1992, the Administration will seek $121 million for maintenance and expansion of these efforts.

Household Survey. The Department of Health and Human Services (HHS) has expanded the scope of the National Household Survey on Drug Abuse and is now conducting the survey annually instead of once every three years. In 1991, the sample size of the survey will be, at a minimum, doubled from 8,800 households. Survey content also has been improved to support emerging policy-development needs, and the schedule for data collection has been shifted to make results available in a more timely manner. HHS also is conducting methodological studies to improve survey estimates. Further improvements in 1992 will focus on hard-to-survey populations such as the homeless, and on validation of self-reported drug use.

Worldwide Military Survey. In 1991, the Department of Defense will conduct the fifth Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel. This survey has been improved to facilitate comparisons of the military and civilian populations and to reflect the most current information about the availability of drugs and patterns of use.

Quick Response and Target Surveys in HHS. The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is undertaking a variety of studies to provide up-to-date and responsive information for policy use. These studies will provide information on special groups such as heavy drug users, and on topics not adequately covered in the current Household Survey. The targeted nature of these surveys will facilitate frequent data collection and analysis on emerging problems to improve the responsiveness of Federal policy.

Quick Response and Drug Use Market Surveys in the Department of Justice. The Department of Justice will explore the feasibility of undertaking new studies to provide more timely and focused criminal justice information for policy use to cover, for example, the processing of drug cases and offenders and where drugs are purchased, how often, by whom, and at what price.

High School Senior Survey. The annual survey of drug use among high school seniors, sponsored by HHS, is being broadened to include information on younger adolescents, and will be supplemented with information on dropouts from other sources. These survey changes will permit more accurate inferences about drug use among all adolescents. The expansion of the survey to include younger students will be completed during Fiscal Year 1991 and survey data on drug use by dropouts will be available in Fiscal Year 1992.

Drug Treatment Data. Improvements in data necessary to guide the allocation of treatment resources are urgently needed. At present, the only source of system-wide drug treatment data is the National Institute on Drug Abuse (NIDA)-sponsored National Drug and Alcoholism Treatment Unit Survey (NDATUS), which identifies treatment facilities operating throughout the country. NDATUS will be supplemented to improve its coverage of both private and public sector facilities, and it will also serve as the basis of other NIDA treatment-system surveys concerning specific drugs, target populations, and treatment costs and funding. NIDA already has worked with the States to establish a mechanism for sharing client-based, confidential data on treatment admissions. This system will be expanded to include discharge data as well.

Treatment Evaluation. ADAMHA and the Department of Veterans Affairs are sponsoring scientifically designed and controlled evaluations of new and promising treatment methods. Much of this research focuses on short-term treatment methods, on treatment methods for addicts with other health problems, and on matching efficient and effective treatment methods with particular patients' drug problems. HHS also is sponsoring demonstration projects for testing newly developed treatment techniques.

Prevention Evaluation. The Departments of Education and HHS are sponsoring evaluations of various community and school-based prevention programs. ADAMHA will support studies of comprehensive community-wide prevention programs that compare the effectiveness of a variety of prevention methods and approaches.

In February 1991, ADAMHA's Office of Substance Abuse Prevention (OSAP) will release a report describing the current drug prevention efforts by Federal, State, local, and private agencies. This report will be the foundation for a structured evaluation of Federal prevention efforts, as called for in the Anti-Drug Abuse Act of 1988. In collaboration with other Federal Departments and agencies, OSAP will also assemble evaluation results to identify what works in preventing drug use and take steps to replicate promising approaches. Overall, HHS will continue to identify a core set of prevention, research, and evaluation instruments, with a view toward increasing the comparability of prevention research. HHS will also assess the need for specialized evaluation training programs to increase the availability of skilled researchers.

Employee Testing and Assistance Programs. The Departments of Labor, Transportation, and HHS will collect information on Federal and private sector drug-free workplace programs, including employer drug testing results, data on employee assistance programs, and measures of program costs and benefits. Information on overall test results will be obtained from employers and laboratories in the public and private sectors, including all NIDA-certified laboratories, in order to improve our understanding of the drug problem in the workplace.

Drug Abuse Warning Network (DAWN). The NIDA-administered DAWN program measures the number and pattern of drug-related emergency room visits and deaths in large metropolitan areas across the country. DAWN is widely considered to be among the Nation's best short-term indicators of drug use trends. HHS will coordinate DAWN with other general health surveys, and will undertake studies to validate and upgrade DAWN methodology. DAWN program data are being shifted to a national probability sample of emergency rooms.

Drug Use Forecasting (DUF) Program. The National Institute of Justice's DUF program measures rates of drug use among limited numbers of offenders, in selected cities, arrested for major crimes. Efforts to improve DUF program data may permit forecasting general drug trends, and the development of strategies to address enforcement and treatment demands. This new program will be known as DUF Plus.

Federal Law Enforcement. The Departments of Justice, Treasury, Defense, and Interior will provide information on Federal law enforcement activities through the National Incident Based Reporting System, which replaces the Uniform Crime Reporting Program of the Federal Bureau of Investigation and will include expanded information on drug-related incidents and arrests. This information will supplement what is now being reported by State and local law enforcement agencies.

Drug Policies in Educational Institutions. The 1989 Amendments to the Drug-Free Schools and Communities Act require institutions of higher education and State and local educational agencies to adopt and implement drug prevention programs and policies, including sanctions for drug use. Entities that fail to implement the required programs and policies for their students and employees lose eligibility for Federal financial assistance. Beginning in Fiscal Year 1991, the Department of Education will examine annually a sample of colleges and universities to determine if their prevention programs and policies meet the requirements of the Act. The law also requires that State educational agencies conduct an annual review of a sample of local educational agency prevention programs and policies for compliance with these provisions.

Estimates of Production and Consumption. The National Narcotics Intelligence Consumers Committee continues to develop revised estimates concerning production and distribution of illegal drugs to and within the United States. These improved estimates will help direct policy development and operational priorities for all agencies with drug reduction missions.

Criminal Justice Simulation Models. The Department of Justice is funding the initial development of simulation models designed to estimate the impact of various policy changes on aspects of the criminal justice system. Once developed, these models should indicate, for example, the likely effect of increased drug-related arrests (or fewer probationers, or longer sentences) on the Nation's courts, jails, prisons, and probation and treatment systems. Such models will enable State policymakers to anticipate the need for altered resource allocations, and will help them plan a more coherent and efficient criminal justice system.

Evaluation in the Criminal Justice System. The Department of Justice's Office of Justice Programs and its components are committed to a major focus on evaluation of their efforts to combat drug use. Approximately $7 million will be spent in Fiscal Year 1991 on evaluation. Among the programs to be evaluated are Drug Abuse Resistance Education (DARE) and the programs of the National Crime Prevention Council (NCPC).

Biomedical and Behavioral Research

Basic Research and Strategic Planning. Advances in knowledge in the neural and biomedical sciences can enhance and hasten the development of effective prevention and treatment strategies for drug use. Biomedical research into brain mechanisms involved in drug use continues to hold great promise for development of new addiction medications and treatments. Similarly, behavioral and epidemiological research continues to offer great hope for refinement of prevention strategies. The Administration will seek $182 million in Fiscal Year 1992 for such research.

In support of research-related strategic planning, the Administration has already undertaken two major organizational changes in NIDA. First, a Medications Development Division has been established with responsibility for encouraging and coordinating government, academic, and private research and collaboration on promising new medications — and for expediting their testing and approval, as well. Second, NIDA is enhancing its strategic planning process, which will build on the research needs identified in previous National Drug Control Strategies. This will involve a comprehensive review of issues, research opportunities, and opinions suggested by policymakers, researchers, and practitioners in the field of drug treatment and prevention, and in closely related disciplines such as neuroscience, psychiatry, adolescent development, and general health services.

Cocaine and Stimulants. Cocaine and other stimulants continue to present special and vigorous challenges to drug treatment research. In recent years, a number of fundamental advances have been made toward identification of brain sites in which cocaine binds to produce specific effects, including euphoria and seizures. Long-term, these findings suggest new approaches to treatment of cocaine and other stimulant addiction, including specific medications and relapse prevention therapies. The short-term goal of cocaine research is to identify further the neural mechanisms by which the drug operates, and develop medications that can block cocaine euphoria and relieve cocaine cravings. Federally-sponsored research is also supporting development of medications designed to address the severe depression that commonly follows cocaine intoxication. Drug use is often accompanied by medical (including psychiatric) illnesses. Thus, research efforts must also focus on documenting the increased risk of medical and psychiatric conditions and illnesses among drug users.

Intravenous Drug Use and HIV/AIDS. Since intravenous drug use is closely related to the spread of HIV/AIDS, more behavioral research is needed to help develop effective means of persuading drug users to enter treatment. Recent research has demonstrated that effective treatment outreach can attract opiate addicts who have not previously been reached by the criminal justice and treatment systems. Other preliminary research already indicates that outreach, education, and treatment can reduce high-risk behaviors of drug users, and these results must be confirmed and improved upon with new protocols. Steady progress has been made in bringing new and more effective medications into clinical use for drug treatment patients. And further medications development remains a primary goal since methadone therapy does not address the needs of all clients nor is it useful for cocaine addicts.

Parental Drug Use. The Administration places a high priority on epidemiological and medical research concerning maternal drug use and its effect on the developing fetus. Studies have shown that maternal drug use dating back to the fourth month of pregnancy can be detected in newborns. Recent studies have also revealed that preconception paternal opiate and THC use also can affect a fetus.

Quality of Treatment. Reconciling the theory and practice of treatment is one of the greatest ongoing challenges of drug-related research. Therapies that are highly effective when delivered in medical centers by academic clinicians can yield little benefit if poorly delivered in the field. The Administration continues to support research designed to define quality treatment and desirable outcomes for clients, identify determinants of quality treatment, and develop accountability standards for treatment delivery. Critical studies have been initiated within the past year to examine patterns of clinical practice, integrity of therapy, qualifications of clinicians, and the relationship of adjunctive services such as job training and remedial education to client outcome. In practice, this research will enable sharply improved assessment of therapeutic services (including client assessment), treatment protocols, mix and intensity of services, training of staff, and staffing patterns.

High-level THC Marijuana. The potency of marijuana has steadily increased over the last 20 years as producers have developed new methods of cultivating *cannabis sativa* that yield higher concentrations of THC — marijuana's principal psychoactive ingredient. Following the conceptual leads developed in opiate research, a receptor for THC has been isolated and cloned. This has important long-term implications for treatment, as this is the first step in designing a medication to block the neurological effects of marijuana. The Federal government will actively support further complementary research.

Adolescent Drug Treatment. The Administration places a high priority on research on adolescent treatment, perhaps the least researched aspect of the field. NIDA is initiating a large-scale study of adolescent treatment effectiveness, with long-term follow-up of clients. Additionally, the treatment campus initiative discussed in the Drug Treatment section will include clinical studies of different residential drug treatment modalities.

Intelligence and Information Management

In the past few years, an increasing number of intelligence functions and activities have been established to support the drug control effort. The Administration has devoted considerable attention to improving drug intelligence capabilities and operations of the principal Federal law enforcement agencies, and has made efforts to capitalize on extensive Department of Defense (DOD) and foreign intelligence community resources. Significant progress also has been made toward improved coordination and cooperation among these and other agencies, all of which — except for the Drug Enforcement Administration — have diverse missions extending beyond the drug war.

Despite this progress, much remains to be done. Within law enforcement agencies, intelligence functions must be adequately funded and receive the executive-level emphasis necessary for them to meet their obligations — both to their individual agencies and to the larger drug intelligence community. We must also continue to seek ways to maximize the sharing of law enforcement and foreign intelligence information, consistent with legal, policy, and security constraints. This information must be synthesized into various intelligence products, regularly updated, and disseminated in a timely and useful form to agencies. We also must make maximum use of limited enforcement resources through the application of sophisticated computer technology for storage and processing of sensitive data. Finally, we must ensure that the drug intelligence capabilities of the Federal government are coordinated, focused, and adequately funded to support the broad and dynamic programs, both domestic and foreign, outlined in other sections of this Strategy. More than simple cooperation is at issue. Since dismantling drug trafficking organizations requires intelligence not necessarily focused on narrowly assembled evidence in support of a particular case, collection priorities must ensure that critical missing pieces of the intelligence picture are developed and understood. Individual agencies may have the intelligence they need to pursue their own defined missions, but national planning must remain attentive to a broader view of the drug threat — one which cannot always emerge from the sum of its parts.

National officials must have strategic intelligence to enable them to formulate sound policy, and law enforcement officers must have tactical intelligence to perform their supply reduction duties. To ensure maximum effective use of limited intelligence resources, the Administration is carefully reviewing and evaluating existing intelligence support activities and programs and will continue to direct appropriate effort at the highest priority needs.

Strategic Intelligence. As outlined in other sections of this report, our principal objective in the supply reduction arena is the dismantling of major drug trafficking organizations. To do so, we must develop a detailed picture of their structure and operations to be certain that we are attacking the heart of a given organization, and not just its extremities. Final success depends upon identifying and destroying those critical parts of the organization that are most vulnerable: key personnel, communications, transportation, finances, and essential supplies and equipment.

Agencies engage in several bilateral intelligence-gathering operations, and there are a growing number of multilateral intelligence initiatives. But the Federal government must enhance the integration of organizational structures to collect, digest, and apply the large volume of relevant information being acquired concerning the major international and domestic drug trafficking organizations and their criminal allies. There are several intelligence and analysis centers, each providing particular information on matters that, in almost every instance, are largely oriented toward arrests, prosecutions, and convictions.

- The Drug Enforcement Administration's (DEA) Office of Intelligence provides direct analytical support to DEA enforcement operations. While information from other agencies is incorporated insofar as it relates to DEA goals, the principal focus of these analyses is DEA information and investigative needs.

- The Federal Bureau of Investigation (FBI) Drug Intelligence Unit provides direct analytical support to FBI investigative efforts. While these efforts are directed against the operations of major drug trafficking organizations, the FBI has no direct responsibility to provide resulting analytical products to other enforcement agencies. Information from other agencies is utilized to the extent that it is relevant to FBI objectives, but the principal element in the FBI analyses is information generated by and for FBI investigative activities.

- DEA's El Paso Intelligence Center (EPIC) was established to provide direct information exchange support to the anti-smuggling efforts of a variety of agencies. Consequently, its analyses of trafficking patterns and methods are specifically focused on the tactical mission of arresting and prosecuting drug traffickers. EPIC is not responsible for generating all-source, multipurpose intelligence products in support of operations aimed at attacking major narcotics trafficking organizations.

- The Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) provides law enforcement agencies with strategic and tactical analyses and other information solely on financial crimes. Like other centers, FinCEN was not created to provide all-source, multi-dimensional intelligence analyses across the range of activities of drug trafficking organizations, although its work has wide applicability throughout the counterdrug field.

- The Director of Central Intelligence's Counternarcotics Center (CNC) has centralized and expanded the Central Intelligence Agency's support to the anti-drug effort and coordinates the role of the intelligence community in this area. CNC produces analyses based on foreign intelligence acquired by national intelligence and law enforcement agencies. But statutory limitations and Executive Order restrict the sharing of certain types of information related to foreign topics.

- DOD has substantially increased intelligence support to counterdrug efforts. It has redirected its intelligence assets to aid in its detection and monitoring role and to assist law enforcement interdiction efforts, added analytical capabilities at all levels, and diverted a variety of military intelligence systems to support anti-drug activities. Counterdrug support has become one of the priority missions of the regional military commands, and intelligence elements established at the Joint Task Forces (JTFs) have improved the production and flow of defense intelligence to law enforcement agencies.

- Other agencies, including the Customs Service and the Coast Guard, have internal intelligence functions that are structured and authorized to support their own specific missions and operations. Multiagency intelligence functions — such as DOD's JTFs and the Command, Control, Communications, and Intelligence Centers (C3I) jointly operated by Customs and the Coast Guard — parallel and complement the mission of EPIC, collecting information in support of the interdiction efforts of these agencies. None of these centers accomplishes the multi-dimensional collection and analyses of intelligence about drug trafficking organizations needed to attack those organizations at the strategic level.

The fact that these intelligence centers have specialized and (properly) limited responsibilities does not diminish the role that each now plays in anti-drug efforts. But the above descriptions emphasize the need to improve coordination and cooperation among them so that a full understanding of the structure and infrastructure of trafficking organizations and their allied enterprises may be developed.

The Administration requested funding in Fiscal Year 1991 to support a National Drug Intelligence Center (NDIC) that would provide this critical missing piece of the intelligence picture. Unfortunately, Congress has provided conflicting and contradictory responses. On the one hand, Congress has identified $10 million of Fiscal Year 1991 funds in DOD to be spent on NDIC that would prominently include the Justice Department (designated in the 1990 National Drug Control Strategy to implement the NDIC). On the other hand, Congress declared that the Department of Justice may not spend any resources on, nor participate in, any entity called a National Drug Intelligence Center. Participation in such an endeavor by the Justice Department is critical so that we can exploit law enforcement data to create strategic analyses of drug trafficking organizations and patterns.

As we seek to resolve with Congress the issue of NDIC, we must nonetheless continue to improve our capability to produce strategic intelligence on drug trafficking organizations. Toward that end, the Attorney General will create and chair a Law Enforcement Drug Intelligence Council (LEDIC) to coordinate the development and prioritization of drug intelligence collection and analysis requirements for the Federal law enforcement agencies. As one of its initial tasks, the LEDIC will explore alternate means to accomplish NDIC's primary missions, such as enhancing or expanding existing drug intelligence entities.

Tactical Intelligence. In addition to improving our drug intelligence capabilities in support of strategic operations, the Federal government will work to streamline and improve its intelligence collection, analysis, and dissemination systems at the tactical and operational levels. Since traffickers are capable of altering their transportation methods and routes fairly quickly, we must be able to produce reasonably accurate pictures of how, and when, these changes occur. With such descriptions, our ability to place assets in the right place at the right time will be significantly improved. EPIC remains the Federal government's central interagency tactical drug intelligence analysis center, and we will continue to seek ways to increase its capabilities to meet increasing demands.

As the Federal government enhances its ability to process and analyze drug information, it must also continue its concerted efforts to harness the large amount of information that already exists. Many pieces of information that could help us attack drug trafficking organizations more efficiently are already filed at various Federal drug control agencies and at State and local law enforcement offices. While some of this information must be protected from public disclosure or other misuses, the National Drug Control Strategy emphasizes the need to improve collection and intelligence sharing among the community of Federal, State, and local agencies — which must have accurate and timely information for strategic as well as operational purposes. It is therefore incumbent upon agencies with tactical or operational information — developed through investigations, seizures, or informant debriefings — to send that information to EPIC (or in the case of financial intelligence, to FinCEN) and to provide database access whenever possible.

Foreign Intelligence. As we have focused more attention and resources on the international aspects of the drug problem, the National Foreign Intelligence Community, DOD, and DEA have stepped up efforts to obtain intelligence on drug organizations. These agencies, which have extensive operations outside the United States, have established strategies and programs that significantly enhance our ability to target and disrupt major trafficking groups, particularly in their efforts to produce and transport drugs to the United States.

U.S. foreign intelligence strategies will continue to support the principal goals of our national drug control policy, as articulated in the International Initiatives section of this report. Emphasis will be placed on enhancing efforts that *directly* and *materially* support the twin objectives of dismantling drug cartels and disrupting their principal activities. We will also continue to emphasize the collection and reporting of tactical information required for the effective commitment of interdiction resources by both U.S. and cooperating foreign agencies.

Our first foreign intelligence priority is to support efforts to dismantle major drug cartels operating in and from the Andean Region. This involves directing intelligence resources against the trafficking organizations and infrastructure based in Colombia, Peru, and Bolivia. Because these organizations extend into Mexico, improved intelligence collection there also is critical. Concurrently, attention will be given to the potential for expansion of major trafficking activity to Ecuador, Venezuela, and Brazil, as well as to transit areas in both Central America and the Caribbean.

We also will focus intelligence efforts in support of our heroin strategy. Regionally, our intelligence efforts will concentrate on Southeast Asia, Southwest Asia, and on Asian-based smuggling organizations. Drug activities within transit locations, such as Hong Kong and Thailand, the Balkans and the Mediterranean, and Africa (especially Nigeria) also will receive particular attention. Because nearly all of the heroin produced in Mexico is destined for the United States, we also will focus intelligence efforts on opium cultivation and heroin production activities.

Intelligence Coordination. Interagency groups such as the CNC, FinCEN, and EPIC have made significant progress in identifying and, in many cases, resolving technical or bureaucratic impediments to effective sharing and integration of law enforcement and foreign intelligence community information. We will continue to improve information sharing and coordination of intelligence functions as we develop our law enforcement intelligence capabilities to target the strategic centers of drug trafficking organizations. We also will continue to improve cooperation and interaction among the various intelligence components to minimize duplication and maximize efforts focused on the highest priority targets.

To promote the coordination of our various drug intelligence programs and activities, the Office of National Drug Control Policy (ONDCP) will create a forum for representatives of DOD and the Federal law enforcement and intelligence communities to coordinate the development and prioritization of drug intelligence requirements.

Information Management

Fighting the war on drug trafficking organizations successfully means fighting that war smarter — doing a better job of managing information. If we are to be more successful in apprehending traffickers and seizing their drugs and equipment, Federal drug control agencies need to share more information in a more timely fashion. And we must continue to ensure that the civil liberties and constitutional rights of our citizens are not infringed in the process. Other concerns also must be addressed — such as legal and policy restrictions on sharing of information among agencies, the protection of confidential informants, intelligence sources, and methods, as well as avoiding the premature disclosure of potential evidence.

Automated Data Processing (ADP). Information stored in automated databases and shared among agencies must be properly recorded to ensure that information gathered on one individual is not inadvertently attributed to another. Accordingly, new methods of positive identification are being developed to ensure that attributable information is accurately recorded. These new technologies, including digitized facial imaging, retinal imaging, or digitized fingerprinting, provide alternatives to traditional data collection methods, such as family name and social security number filing systems. In addition to enhancing ADP data reliability, information management systems will play an important role in institutionalizing these developing technologies.

Many actions are being taken to improve information sharing:

- Under the guidance of ONDCP's ADP Working Group, access to drug-related information is being provided through an expanded linkup of the Customs Service's Treasury Enforcement Communications System (TECS II) with the National Crime Information Center, the Department of State's Automated Visa Lookout System, and several individual agency systems. INS' Nonimmigrant Information System, Operational Activities Special Information System, Automated Information System Criminal Alien Programs, and Deportable Alien Control System soon will become accessible through TECS II. TECS II is being made accessible to all border crossing and visa issuing posts as well as 28,000 other Federal, State, and local users. This system will be expanded to permit an additional 9,000 users.

- Wanted persons, stolen vehicles, and Interstate Identification Index files in the National Crime Information Center are accessible to 60,000 criminal justice agencies, including State and local police.

- DOD's Anti-Drug Network links EPIC and the JTFs with the interdiction command centers such as C3I East and C3I West.

- The joint Customs Service, State Department, and INS Interagency Border Inspection System is being installed at an accelerated rate.

- DEA's Narcotics and Dangerous Drugs Information System has been available to the FBI at selected locations.

- The FBI's Drug Information System is being put into place to improve information sharing.

DEA has millions of pages of investigative files. Selective automation of those files remains one of our highest ADP priorities. Federal agencies will continue to support this necessary information-sharing initiative. As part of the Administration's decision to improve and expand EPIC, this center will be given a new ADP capability in Fiscal Year 1991.

The ADP Working Group also will recommend actions to overcome shortfalls in a national ADP architecture, and to integrate the telecommunications and ADP planning efforts into a single National Information Management and Communications Architecture Master Plan. Issues of privacy and constitutional rights, security and data integrity, data quality, timeliness, reliability, and accessibility will be addressed in the plan's recommendations. The plan also will address those problems arising from the complex relationship between ADP and telecommunication system integration.

Telecommunications. In order to implement the drug enforcement program effectively and efficiently, timely and accurate exchanges of information must exist among drug enforcement agencies. This requires a high degree of interoperability among the command, control, and communications assets of these agencies. The task of ensuring interoperability falls upon ONDCP's Communications Interoperability Working Group (CIWG).

The CIWG uses two evolving documents to guide its activities: the National Telecommunications Master Plan for Drug Enforcement and the Drug Enforcement Telecommunications Implementation Plan. The Master Plan provides a basis upon which to build a comprehensive national telecommunications strategy; identifies communications needs and issues; facilitates secure/protected, interoperable telecommunications among participating agencies; and furnishes a common baseline for participating agencies to develop their own implementation programs. The Implementation Plan provides guidance to Federal Departments and agencies for carrying out the Master Plan.

The CIWG has made significant progress toward enhancing interagency telecommunications capabilities and improving protection of sensitive and classified drug-related information. Additional satellite communication terminals have been deployed to provide more reliable communications among key interdiction facilities. Contingency communications capabilities are also being deployed, and automated high frequency radio systems are being installed that are more reliable, user friendly, and make better use of the frequency spectrum.

To provide for secure exchange of sensitive and classified materials, the CIWG has overseen installation of a large amount of sophisticated equipment at major Federal drug control facilities. State and local law enforcement agencies are being provided with similar, interoperable units. The CIWG has also guided programs that provide voice protection capabilities for tactical radio systems and which automate the distribution of encryption keys to the widely dispersed users of such systems.

Appendices

High Intensity Drug Trafficking Areas

Section 1005 of the Anti-Drug Abuse Act of 1988 authorizes the Director of the Office of National Drug Control Policy (ONDCP) to designate certain localities in the United States as "high intensity drug trafficking areas" (HIDTAs). In making such designations, the statute requires the Director to consider the following law enforcement-related criteria: 1) the extent to which the area is a center of illegal drug production, manufacturing, importation, or distribution; 2) the extent to which State and local law enforcement agencies have committed resources to respond to the drug trafficking problem in the area, thereby indicating a determination to respond aggressively to the problem; 3) the extent to which drug-related activities in the area are having a harmful impact on other areas of the country; and 4) the extent to which a significant increase in allocation of Federal resources is necessary to respond adequately to drug-related activities in the area.

After thorough consultation and review, the Director of ONDCP designated five areas as high intensity drug trafficking areas in January 1990: New York City, Miami, Houston, Los Angeles, and the Southwest Border. Because international and domestic drug trafficking organizations continue to exist and operate in each of these areas and engage in significant interstate distribution affecting other parts of the country, these original HIDTA designations are maintained at this time. As required by law, ONDCP will report to Congress by March 1, 1991, on the effectiveness of and need for such designations and will recommend any necessary legislative modifications.

In Fiscal Year 1990, the five HIDTAs received $25 million in targeted Federal law enforcement assistance as a result of these designations, as well as $1.1 billion through a variety of other Federal anti-drug programs. During Fiscal Year 1991, Federal assistance to HIDTAs will more than triple to $82 million, of which $32 million will be provided directly to State and local law enforcement agencies. Another $50 million will go to increased Federal law enforcement activities as a result of the designations. Another $1.3 billion of Federal resources, in addition to the $82 million noted above, will be available to HIDTAs in 1991 from Federal anti-drug programs. For Fiscal Year 1992, the Administration is again requesting $50 million for Federal law enforcement activities in the HIDTAs, in addition to $1.5 billion from the other Federal anti-drug programs. This other Federal financial assistance to State and local governments is provided primarily through general programs of the Departments of Justice, Education, and Health and Human Services (e.g., law enforcement grants, sharing from the Asset Forfeiture Fund, and treatment and prevention grants).

Direct Federal Assistance to Designated Areas

The 1990 National Drug Control Strategy established Federal mechanisms to coordinate HIDTA programs. A senior Federal official was designated in each area as HIDTA coordinator, with responsibility for all necessary coordination among Federal, State, and local investigative and prosecutorial officials, Operation Alliance, and Department of Defense entities, including Joint Task Force Six for the Southwest Border area, Regional Logistic Support Offices, and designated U.S. Army headquarters.

Under ONDCP leadership, special funding plans were developed to allocate $25 million in direct law enforcement assistance to the five designated areas — $10.7 million to the Southwest Border area and $14.3 million to the metropolitan areas, almost evenly divided among the four cities. These plans increased the number of Federal law enforcement agents in each area; enhanced existing Federal, State, and local criminal justice programs; and provided for the purchase of investigative and communications equipment for use by the law enforcement community in each area.

More specifically, $6.1 million was expended to hasten the transfer of additional agents to HIDTAs from the Federal Bureau of Investigation; Drug Enforcement Administration; Bureau of Alcohol, Tobacco, and Firearms; Internal Revenue Service; and the Secret Service. Further, $9.2 million was provided to support Federal, State, local, and military efforts along the Southwest Border to enhance intelligence efforts, create rapid response teams along the border, expand National Guard and military assistance to law enforcement agencies, and support multiagency operations. The final $9.7 million was expended in the metropolitan HIDTAs to establish multiagency task force operations; purchase sophisticated equipment; expand Federal, State, and local money laundering efforts; and enhance inspection efforts at marine and air ports.

HIDTA funding presents a unique opportunity to supplement ongoing Federal, State, and local law enforcement efforts designed to dismantle drug trafficking organizations and their operations. Of the $82 million appropriated for Fiscal Year 1991, $32 million is earmarked for State and local law enforcement agencies and will be distributed with special attention to initiatives against drug-related violence and drug traffickers who use guns. Local HIDTA coordinators, after consulting State and local officials, will make recommendations to ONDCP on the allocation of these funds. ONDCP will make a final decision after consulting with the Departments of Justice and the Treasury, and approved funds will be transfered to the Department of Justice for allocation to State and local agencies. The remaining $50 million in direct HIDTA funding for Fiscal Year 1991 will support Federal law enforcement activities in the five HIDTAs. ONDCP is working with the Departments of Justice and the Treasury to refine initiatives begun in 1990 and to undertake new ones.

Other Increased Federal Resources in Designated Areas

Total Federal resources available in designated HIDTAs for supply and demand reduction initiatives — not including the direct appropriation described above — will increase from about $1.1 billion in Fiscal Year 1990 to approximately $1.3 billion in Fiscal Year 1991. The Administration is requesting nearly $1.5 billion in total estimated Fiscal Year 1992 funding for Federal drug programs in designated HIDTAs.

Law Enforcement. Federal law enforcement resources in the designated areas will rise from some $950 million in Fiscal Year 1990 to an estimated $1.1 billion in Fiscal Year 1991. The Administration is requesting approximately $1.3 billion in Fiscal Year 1992 program funds that will provide Federal resources for law enforcement in designated areas.

A number of Federal programs support law enforcement in HIDTAs. For example, the Organized Crime Drug Enforcement Task Forces (OCDETFs), a cooperative effort of nine Federal agencies and various State and local law enforcement agencies, investigate and prosecute major drug trafficking and money laundering enterprises. The Drug Enforcement Administration has established 71 State and Local Task Forces in cooperation with State and local law enforcement agencies to attack drug organizations and support broader Federal investigations. Funds also are available to States and localities for a range of drug-related law enforcement and criminal justice activities through grants from the Bureau of Justice Assistance. In Fiscal Year 1992, the Administration is requesting $490 million for these grants and technical support to State and local programs.

Treatment and Prevention. Federal treatment and prevention resources in the HIDTAs will rise from about $200 million in Fiscal Year 1990 to about $210 million in Fiscal Year 1992. The major source of Federal funding for treatment programs is the Alcohol, Drug Abuse and Mental Health Administration block grant to States. In Fiscal year 1992, the Administration will request $512 million for the drug portion of the block grant. A variety of prevention activities are funded by this block grant, as well as by grants to States from the Department of Education. In addition, the Department of Housing and Urban Development provides grants in support of prevention activities in public housing communities.

Federal Resource Priorities and Requirements

Federal spending on drug control programs has increased by 700 percent since 1981, to a requested total of $11.7 billion for Fiscal Year 1992. This request represents a $5.3 billion (82 percent) increase since the beginning of the Administration and a $1.1 billion (11 percent) increase over Fiscal Year 1991.

Drug control resources fall into three major categories: those needed for demand reduction activities, those for domestic law enforcement programs, and those devoted to U.S. border control and international initiatives. The National Drug Control Budget graph displays the level of resources devoted to each of these areas from 1981 through the President's request for 1992.

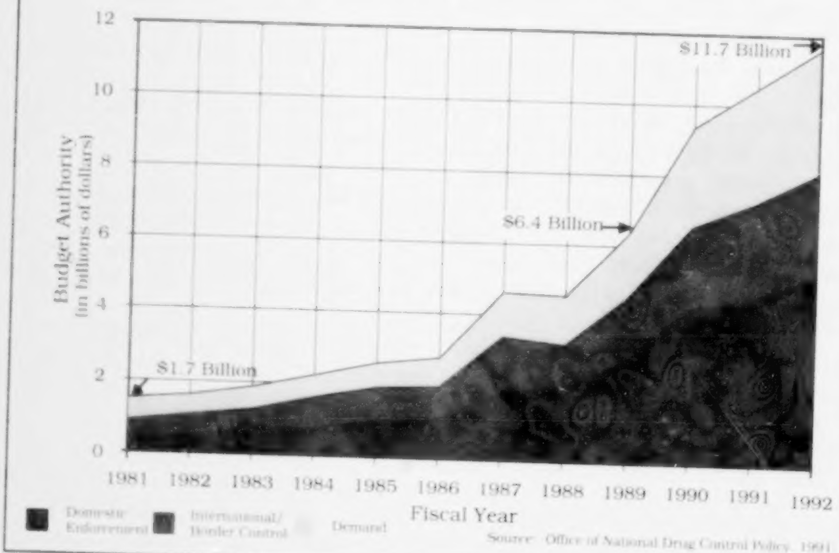
As was stated in the previous Strategies, the Nation's drug control program is an integrated system. Changes made to one part of the system have an effect on other parts of the system. Enhanced law enforcement, for example, invariably leads to increased pressure on the courts and prisons. Increased attention to user accountability motivates people to stop their drug use and this leads to more demand for treatment. Emphasis applied to one part of the system increases pressure on another part.

If we are to be successful in our fight against illegal drug use, we must view the drug control program as an integrated system that will be most effective when all aspects of it are receiving proper and balanced attention.

The Anti-Drug Abuse Act of 1988 requires the Strategy to describe the balance of resources devoted to supply reduction and demand reduction activities. Often, law enforcement resources are viewed entirely as supply reduction in nature and only those resources that are directly spent on education or treatment activities are considered demand reduction.

But a supply/demand distinction that looks only at the bottom line of the budget to determine whether our efforts are appropriately balanced overlooks three very important factors. First, many supply activities also have a profound impact on demand reduction, and are so intended. For example, arresting and punishing a juvenile for illegal drug use sends a message to his friends and schoolmates that will deter them from drug use. Thus, while approximately 70 percent of the 1992 Federal budget is for activities traditionally thought of as supply reduction — about the same percentage as Congress appropriated for 1991 — a large portion of this funding will have an impact on and is aimed at reducing demand. Second, supply reduction activities are inherently expensive (patrol cars, aircraft, and prisons are all very costly), whereas many demand reduction activities rely less on capital outlays and more on community involvement and individual commitment; getting schools to treat drug abuse seriously, for example, doesn't necessarily require a large budget. And third, many supply reduction activities are intrinsically government functions (and some, such as international operations and border control, can only be performed by the Federal government), whereas most demand reduction efforts can and should be shared in by our schools, churches, and communities.

National Drug Control Budget, 1981-1992



Source: Office of National Drug Control Policy, 1991

BUDGET AUTHORITY IN MILLIONS OF DOLLARS

	FY 1990	FY 1991	FY 1992	FY 91-92 Increase	
				$	%
Criminal Justice System	4,238	4,368	4,995	627	14
Drug Treatment	1,279	1,499	1,655	156	10
Education, Community Action, and the Workplace	1,217	1,442	1,515	73	5
International Initiatives	500	647	779	132	20
Border Interdiction and Security	1,752	2,023	2,109	86	4
Research	328	435	488	531	2
Intelligence	65	108	114	7	6
TOTAL	$9,378	$10,521	$11,655	+$1,134	+11

Detail may not add to totals due to rounding.

This appendix presents program and budget priorities for Fiscal Years 1992-1994, and concludes with a presentation, by agency, of resource requirements for Fiscal Years 1990-1992. These resources are needed to implement the National Drug Control Strategy and to provide balanced funding for the overall drug program.

National Funding Priorities For Fiscal Years 1992 - 1994

The Criminal Justice System

- Provide assistance to State and local law enforcement;
- Increase the number of DEA and FBI agents and support personnel, and technical and secure communications capabilities;
- Provide additional OCDETF personnel and resources for investigations of drug trafficking;
- Expand resources for money laundering investigations;
- Expand DEA State and local task forces and other Federal, State, and local task force efforts;
- Automate DEA reporting capabilities;
- Increase the ATF Armed Career Criminal program;
- Expand and improve precursor chemical programs;
- Increase investigations against marijuana growers and distributors and reduce domestic marijuana production;
- Augment U.S. prosecutorial resources;
- Expand capacity in the U.S. Courts by filling 85 newly-authorized judgeships and existing vacant judgeships;
- Expand the Substance Abuse Treatment Program of the U.S. Probation Office to increase treatment availability as well as maintain adequate supervision of probationers receiving drug treatment;
- Increase the capacity of the Federal prison system;
- Increase availability and quality of Federal prison drug treatment services;
- Augment the National Institute of Corrections' State and local training programs;

- Help the police get people who are driving while under the influence of drugs off the highways; and
- Encourage efforts to promote user accountability.

Drug Treatment

- Increase the availability and quality of drug treatment services;
- Increase vocational counseling, training services, and aftercare for recovering drug addicts;
- Expand and improve outreach and treatment services for pregnant/postpartum women and babies;
- Increase the availability and quality of drug treatment to incarcerated individuals;
- Encourage development, demonstration, and testing of innovative approaches to treatment (such as drug treatment campuses) at the Federal and State levels to provide addicts improved services;
- Improve programs of data collection, service-related and biomedical research, evaluation, demonstrations, and dissemination; and
- Support programs of fellowships and grants to increase the quality and number of professionals and other personnel available to staff treatment programs and to improve mid-career training for treatment professionals.

Education, Community Action, and the Workplace

- Increase support to help make Federal public housing communities drug free;
- Get more communities to mobilize against drug abuse by expanding the number of community-based prevention programs;
- Increase the number and quality of school-based drug education programs;
- Improve programs of data collection, research, evaluation, demonstrations, and dissemination;

- Stimulate private sector and volunteer efforts in prevention; and
- Assist the private sector with drug-free workplace programs, especially for those involving small businesses.

International Initiatives

- Provide military and law enforcement assistance to the Andean Initiative countries; increase economic assistance (conditioned on effective counternarcotics performance, sound economic policies, and respect for human rights) to those countries for balance of payments support and alternative income programs;
- Increase law enforcement and other programs with Mexico to combat increasing trafficking of cocaine through that country;
- Increase law enforcement programs supporting counternarcotics efforts of South American transit and potential producer countries (Ecuador, Venezuela, Paraguay, Argentina, Chile, and Brazil);
- Increase cooperative law enforcement programs with Central American and Caribbean countries;
- Maintain initiatives, seek the support of other nations, and encourage multilateral institutions to assist in countering opium and heroin production and trafficking;
- Strengthen multinational efforts in demand reduction; and
- Expand international public information initiatives against drug production, trafficking, and consumption, with particular emphasis on USIA programming.

Border Interdiction and Security

- Enhance U.S. Customs Service and INS land interdiction activities, including an increased Southwest Border presence;
- Augment INS efforts at and between ports of entry by increasing personnel, equipment, and facilities;
- Improve the ADP programs of the interdiction agencies;

- Improve the integration of the Command, Control, Communications and Intelligence (C3I) systems with the DOD Joint Task Forces;

- Continue to improve the DOD capability for sorting air targets; and

- Increase the Customs Service canine drug detection teams and complete canine training facilities.

Research

- Increase our application of developing technologies;

- Improve data collection programs, treatment and prevention evaluations, research demonstration projects, and information dissemination; and

- Expand drug addiction and treatment research, including medications development.

Intelligence

- Augment strategic intelligence capabilities;

- Augment the El Paso Intelligence Center through ADP enhancements;

- Increase counternarcotics intelligence sharing programs with Central American and Caribbean countries; and

- Augment overall drug intelligence capabilities.

National Drug Control Budget Summary

Budget Authority (Millions of Dollars)

	1990 Actual	1991 Estimate	1992 Request
Office of National Drug Control Policy	$37.1	$105.6	$70.2
Department of Justice			
Drug Enforcement Administration	558.4	694.3	748.0
Federal Bureau of Investigation	138.7	175.0	206.4
Organized Crime Drug Enforcement Task Forces	214.9	334.9	402.0
Criminal Division	10.6	16.5	18.5
Tax Division	0.9	1.1	1.2
U.S. Attorneys	126.8	181.5	200.8
U.S. Marshals	158.0	201.9	233.4
Prisons	1,566.9	1,034.2	1,383.9
Support of Prisoners	112.0	135.1	159.7
Immigration and Naturalization Service	120.2	138.3	161.4
Office of Justice Programs	486.2	534.6	525.7
Forfeiture Fund	333.3	372.0	382.5
INTERPOL	1.1	1.4	1.9
	3,827.8	3,821.0	4,425.3
Department of the Treasury			
U.S. Customs Service	664.9	605.4	663.7
FinCEN	0.0	16.5	18.1
Internal Revenue Service	81.0	86.9	86.7
Alcohol, Tobacco, & Firearms	96.4	117.2	128.3
U.S. Secret Service	47.3	53.8	38.6
Federal Law Enforcement Training Center	17.2	20.8	15.2
	906.8	900.5	950.6
Department of Transportation			
U.S. Coast Guard	665.2	718.6	704.1
Federal Aviation Administration	18.4	29.2	36.0
National Highway Traffic Safety Administration	5.3	7.2	7.8
	688.8	755.0	747.9
Department of State			
Bureau of International Narcotics Matters	129.5	150.0	171.5
Emergencies in the Diplomatic and Consular Service	0.0	0.0	0.5
Agency for International Development	59.9	208.3	294.1
U.S. Information Agency	3.4	3.8	4.5
Military Assistance	114.5	100.4	141.1
	307.3	462.4	611.7

National Drug Control Budget Summary (continued)

Budget Authority (Millions of Dollars)

	1990 Actual	1991 Estimate	1992 Request
Department of Agriculture			
Agricultural Research Service	1.5	6.5	6.5
U.S. Forest Service	5.2	9.7	9.3
	6.7	16.2	15.8
Department of the Interior			
Bureau of Land Management	6.9	6.9	11.2
National Park Service	6.1	11.3	12.9
Bureau of Indian Affairs	14.4	17.3	20.3
Fish & Wildlife Service	0.8	1.0	1.0
Office of Territorial & International Affairs	1.1	1.7	1.7
	29.4	38.2	47.1
Department of Health and Human Services			
ADAMHA	1,168.3	1,370.5	1,477.8
Health Care Financing Administration	170.0	190.0	200.0
Centers for Disease Control	25.2	29.3	29.3
Indian Health Service	32.8	35.3	44.3
Food and Drug Administration	7.2	7.4	7.6
Human Development Services	39.5	64.6	64.6
Family Support Administration	2.0	0.0	0.0
	1,445.0	1,697.1	1,823.6
Department of Defense			
Interdiction and Other Activities	745.8	1,084.1	1,158.6
International (506(a) & Excess Defense Articles)	53.3	21.2	0.0
	799.1	1,105.3	1,158.6
Department of HUD	106.5	150.0	165.0
Department of Education	602.8	679.1	713.4
Department of Labor	46.0	74.5	83.0
Department of Veterans Affairs	305.6	368.2	407.1
ACTION	10.5	10.9	11.1
U.S. Courts	258.1	337.0	424.4
Total Federal Program	$9,377.7	$10,521.1	$11,654.9

Detail may not add to totals due to rounding. For further detail on the National Drug Control Budget, including historical patterns of Federal drug control spending, see the companion volume entitled National Drug Control Strategy Budget Summary.

Appendix C

Drug Policy Management Agenda

Beginning with the submission of the 1989 National Drug Control Strategy, the Administration has continually worked to improve the management of the Federal government's drug programs. The Office of National Drug Control Policy (ONDCP) has taken a number of steps to ensure that demand and supply reduction activities are implemented appropriately and efficiently. Most importantly, ONDCP has designed and implemented a government-wide strategic planning process to monitor and coordinate anti-drug initiatives. Each Federal agency with drug control responsibilities now has a plan, approved by ONDCP, to advance the goals and objectives of the Strategy and each agency reports its progress to ONDCP on a regular basis.

ONDCP has also improved the sharing of drug-related information among the Federal agencies and the public by establishing formal coordination among the three principal national drug control clearinghouses: those in the Departments of Health and Human Services, Justice, and Housing and Urban Development.

To encourage more States to fulfill their critical roles in reducing illegal drug use, ONDCP published a "State Drug Control Status Report" in November 1990, summarizing each State's drug-reduction activities (updates of this report are planned for annual release). Also in November, ONDCP developed and distributed to every State a package of model drug-free workplace legislation. (Both ONDCP reports are discussed later in this appendix.) And in May 1990 ONDCP hosted a national conference to promote comprehensive and consistent drug control programs. This conference was attended by more than 500 Federal, State, and local officials, including governors, attorneys general, and legislators.

Finally, to carry out and oversee the Strategy's goals and objectives, we have established several committees comprising senior Federal policy level officials in areas such as interdiction, treatment, and criminal justice. These committees are vital to the daily decisionmaking and planning of Federal drug control activities. Where possible, we have solicited advice from State and local officials and private sector groups on drug-related problems, priorities, and programmatic successes.

The following pages describe the work of these committees and highlight specific management initiatives the Administration has undertaken in support of improved drug-related policy and programs.

Coordinating Mechanisms

ONDCP Supply Reduction Working Group. This Working Group, chaired by the ONDCP Deputy Director for Supply Reduction, coordinates and oversees implementation by national drug control program agencies of supply-related policies, objectives, and priorities. It is comprised of senior representatives from the Departments of Justice, State, Defense, Interior, Agriculture, Transportation, and the Treasury, as well as the Central Intelligence Agency, the National Security Council, and the Office of Management and Budget. The Supply Reduction Working Group oversees efforts in the following areas:

- **Public Lands Drug Control.** This effort coordinates drug control programs on Federal lands by bringing together representatives from the various Federal land management agencies, the Drug Enforcement Administration, the Department of the Army, State and local governments, and the National Guard to coordinate major marijuana eradication efforts. One such effort led to the eradication of an estimated $500 million in high grade marijuana from the Daniel Boone National Forest in Kentucky.

- **Border Interdiction.** This effort, under the leadership of the U.S. Customs Service, the U.S. Coast Guard, and the Department of Defense (DOD), coordinates strategies and operations to interdict drugs between source and transit countries and our border. During 1990, activities included integration of DOD and law enforcement interdiction initiatives, coordination of radar coverage along the Southwest Border, and elimination of costly duplicate interdiction activities.

- **Southwest Border High Intensity Drug Trafficking Area (HIDTA).** This effort, under the leadership of the Department of the Treasury, coordinates law enforcement efforts in the Southwest Border HIDTA, as described in Appendix A. Additionally, the committee provides policy oversight of Operation

Alliance, a Federal, State, and local operation that targets drug trafficking, weapons trafficking, illicit currency, and other contraband along the U.S.-Mexico border.

- **Metropolitan HIDTA.** This effort, under the leadership of the Department of Justice, coordinates Federal, State, and local law enforcement in the Los Angeles, Houston, Miami, and New York HIDTAs, as described in Appendix A.

ONDCP Demand Reduction Working Group. This Working Group, chaired by the ONDCP Deputy Director for Demand Reduction, coordinates and oversees implementation by national drug control program agencies of demand reduction policies, objectives, and outreach activities. The group, which includes representatives of the Departments of Education, Energy, Housing and Urban Development, Health and Human Services, Defense, Interior, Justice, Labor, Transportation, Treasury, State, and Veterans Affairs, and the Office of Management and Budget, oversees efforts in the following areas:

- **Treatment.** This effort coordinates policy with regard to Federal drug treatment programs, particularly those administered by the Department of Health and Human Services and the Department of Veterans Affairs. Topics of concern include improving drug treatment for persons under criminal justice supervision, increasing the accountability of Federal treatment programs, and improving the effectiveness of drug treatment.

- **Education and Prevention.** This effort addresses such issues as improving evaluations of federally funded prevention programs, and increasing the coordination among school-based prevention programs supported by various Federal agencies.

- **Workplace.** This effort is concerned with anti-drug programs in both Federal and non-Federal workplaces. It monitors the implementation of the Federal Drug-Free Workplace Act of 1988, takes up issues arising from the development of implementing regulations for drug testing in regulated industries, and monitors the implementation of Federal agencies' drug-free workplace plans.

- **International.** This effort seeks to improve coordination among Federal agencies' international demand reduction programs. Particular attention is given to improving other nations' knowledge of U.S. demand reduction programs and policies, and encouraging other nations to improve their knowledge of their own drug consumption patterns.

Drug-Related Financial Crimes Policy Group (DFCPG). This group coordinates national policies designed to curtail the flow of illegal drug-related currency and assets into, within, and out of the United States. Policies and programs concerning seizures of currency and assets also fall within DFCPG's jurisdiction. The group's responsibilities encompass Federal, State, and local government efforts, as well as the activities of the private banking and financial communities.

Research and Development Committee. Congress has created within ONDCP a Counternarcotics Technology Assessment Center (CTAC) headed by a Chief Scientist. (The CTAC will oversee and assist counter-drug research and development, testing, and evaluation activities throughout the Federal government.) This addition to ONDCP has prompted a restructuring of the ONDCP Research and Development Committee. The Committee will be chaired by the ONDCP Director and will be comprised of the ONDCP Deputy Directors for Supply and Demand Reduction, the ONDCP Associate Director for State and Local Affairs, and the Chief Scientist. The Committee provides policy guidance for the research and development efforts of the Federal drug control agencies and oversees the activities of the following ONDCP research and development working committees:

- **Data Committee.** This committee works to guide improvements in the relevance, timeliness, and usefulness of drug-related data collection, research studies, and evaluations. During 1990, the Data Committee inventoried and developed recommendations to improve drug-related data collections and evaluations, identified gaps and flaws in current drug-related data systems, and selected initial priorities for work. Four special efforts have been identified for the coming year: criminal justice, use and outcomes, prevention and treatment, and workplace. These efforts, which will improve such information as estimates of drug use across data systems, information on drug treatment providers, and client-level data on those in drug treatment, are discussed in the Research Agenda section of this report.

- **Medical Research Committee.** This committee coordinates policy and general objectives on medical research conducted in the Federal drug control agencies, and promotes the dissemination of findings from that research. The committee, which gives particular attention to strategic planning and coordination by the various agencies involved in medical research, has identified three topics where new and important opportunities for research are emerging: the relationship between substance abuse and mental disorders; how drug use affects mental and physical functioning; and new drug testing technologies that may reveal drug use or exposure over extended periods of time.

- **Science and Technology (S&T) Committee.** The S&T Committee has been restructured pursuant to enactment of 1990 legislation. Chaired by a Chief Scientist, the Committee will act as an advisory board to the CTAC, which will oversee the following working groups: 1) the Automated Data Processing (ADP) Working Group ensures that the drug-related ADP capabilities meet established minimum standards and clearly support operational and policy development efforts; 2) the Communications Interoperability Working Group identifies and establishes requirements for communications standards, evaluates new technologies, and provides guidance to DOD on communications support of drug enforcement activities; 3) the Contraband Detection Working Group supports and coordinates contraband detection research and development activities; 4) the Taggant Working Group investigates and develops devices, substances, systems and technologies that aid enforcement efforts to locate or track certain objects, persons, or substances; 5) the Technology Coordination Working Group combines Federal technology resources with relevant research units of academia and industry; and 6) the Sensor and Surveillance Working Group oversees development of detection, monitoring, and surveillance technologies for law enforcement and interdiction efforts.

Drug Control Program Agencies. Section 1010 of the Anti-Drug Abuse Act of 1988 defines "National Drug Control Program Agency" as "any department or agency and all dedicated units thereof, with responsibilities under the National Drug Control Strategy." In accordance with this definition, ONDCP identified the following Departments, bureaus, agencies, and divisions as National Drug Control Program Agencies:

Appendix C

National Drug Control Program Agencies

Office of National Drug Control Policy

Department of Justice
Drug Enforcement Administration
Federal Bureau of Investigation
U.S. Attorneys
Tax Division
Criminal Division
U.S. Marshals Service
Bureau of Prisons
Immigration and Naturalization Service
Office of Justice Programs
INTERPOL/U.S. National Central Bureau

Department of the Treasury
U.S. Customs Service
Financial Crimes Enforcement Network
Internal Revenue Service
Bureau of Alcohol, Tobacco, and Firearms
Secret Service
Federal Law Enforcement Training Center

Department of Transportation
U.S. Coast Guard
Federal Aviation Administration
National Highway Traffic Safety Administration

Department of Agriculture
Agricultural Research Service
U.S. Forest Service

Department of the Interior
Bureau of Land Management
National Park Service
Bureau of Indian Affairs
Fish and Wildlife Service
Office of Territorial and International Affairs

Department of Health and Human Services
Alcohol, Drug Abuse, and Mental Health Administration
Indian Health Service
Food and Drug Administration
Office of Human Development Services
Centers for Disease Control
Family Support Administration

Department of Education
Office of the Assistant Secretary for Elementary and Secondary Education
Office of the Assistant Secretary for Post-Secondary Education
Office of Educational Research and Improvement
Office of Special Education and Rehabilitative Services

Department of State
Bureau of International Narcotics Matters
Bureau of Politico/Military Affairs

Department of Defense

Department of Housing and Urban Development

Department of Labor

Department of Veterans Affairs

U.S. Judiciary

ACTION

Agency for International Development

U.S. Information Agency

Central Intelligence Agency

In addition, though they are not National Drug Control Program Agencies, the following accounts are part of the National Drug Control Program Budget:

Special Forfeiture Fund (ONDCP)

Asset Forfeiture Fund (Justice)

Organized Crime Drug Enforcement Task Forces (Justice)

Support for Prisoners (Justice)

Emergencies in the Diplomatic and Consular Service (State)

Specific Improvements

Office for Treatment Improvement (OTI). A one-year-old office in the Alcohol, Drug Abuse, and Mental Health Administration, OTI provides leadership for the Federal effort to improve the Nation's drug treatment system. OTI has already undertaken several major initiatives: the new Target Cities program is supporting three-year demonstration grants to improve the drug treatment systems of seven urban areas; the Critical Populations Grant Program is directing treatment improvement funds to adolescents, racial and ethnic minorities, and public housing residents; and the Criminal Justice Grant Program is designed to expand and improve treatment services in the criminal justice system.

Medications Development Division. In 1990 the Department of Health and Human Services established a Medications Development Division to improve the direction and administration of grants and contracts for development of new pharmacological addiction treatments. This program funds research at universities and medical facilities, collaborates with private pharmaceutical companies to test the efficacy of new drugs, and coordinates the approval process for new medications.

State Drug Control Status Report. ONDCP published the "State Drug Control Status Report" in November 1990. This report provides an overall picture of anti-drug laws and policies implemented by each State. The Administration hopes this report will encourage individual States to compare laws on their books with those of comparable or similar States and with Federal law, to determine where modifications are necessary. Copies of the report can be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325.

Model Legislation on Drug-Free Workplaces. The Administration encourages States to promote comprehensive, consistent drug-free workplace programs, and high quality drug testing that is both accurate and protective of workers' confidentiality. In November 1990, ONDCP released a guide for State legislation, "Building a Drug-Free Work Force." This package of model legislation consists of four separate bills designed to help public and private employers create incentives for employees to remain drug free or get off drugs, and sanctions for those who will not. Copies of this report can be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325.

Information Clearinghouse. A vast amount of information on the subject of drugs and efforts to combat them has been accumulated over the years in three national clearinghouses operated by major Federal departments: the Drugs and Crime Data Center and Clearinghouse in the Department of Justice; the National Clearinghouse on Alcohol and Drug Information administered jointly by the Departments of Education and Health and Human Services; and the Drug Information and Strategy Clearinghouse in the Department of Housing and Urban Development. Citizens attempting to obtain access to this information have been obliged to seek it separately from each of the clearinghouses.

Under ONDCP leadership, the Administration is improving coordination among the three clearinghouses. Beginning in 1991, a single point of contact will be created and drug information will be accessible from all clearinghouses through a single source and telephone number.

Appendix D

Recommended State Legislation

No strategy to combat illegal drug use can ignore the crucial role played by State and local governments. Many States have already enacted much useful anti-drug legislation. But it is important that States enact *tough* anti-drug legislation. States that do not adopt legislative deterrents, while neighboring jurisdictions adopt bold legislation, will become havens for drug activity. No State can afford that risk or that reputation.

The Administration urges State officials, particularly State legislators, to consult with law enforcement officials, State and local prosecutors, treatment and education officials, and others to determine what laws or modifications to existing laws are needed in their States. In November 1990, the Office of National Drug Control Policy released a White Paper entitled "State Drug Control Status Report," which contained a number of suggestions for State anti-drug legislation. The following is a brief list of provisions that should form the core of a State's anti-drug efforts.

Criminal Statutes

States should bolster their criminal codes with additional legislation tailored to the increased sophistication of today's drug trade. Among the statutes that State lawmakers should consider are the following:

Attempted Drug Crimes. Attempts to commit any drug crime should be punishable with up to the same penalty as if the offense had been completed. Such statutes permit law enforcement officers to make drug arrests without consummating a sale or purchase with actual drugs.

Drug Paraphernalia Laws. Every State should enact a drug paraphernalia law based on the Model Drug Paraphernalia Act, originally drafted by the Drug Enforcement Administration in 1979. Such a law criminalizes the manufacture, distribution, and sale of paraphernalia intended for use with illegal drugs.

Wiretap Statutes. Some State laws governing the use of wiretaps and other electronic surveillance techniques may require dual consent, or may otherwise be outdated. These statutes should be amended to bring them into conformity with Federal law.

Conspiracy Statutes. Conspiracy statutes should be updated and expanded to enhance the ability of State officials to prosecute drug traffickers and dismantle the criminal enterprises they control. For example, the prohibition of joint trials of trafficking defendants renders impractical many State conspiracy statutes.

Money Laundering Statutes. States should enact criminal statutes to prohibit knowingly engaging in delivery, receipt, transfer, or any other transaction, in funds derived from the proceeds of drug offenses. States should also pass other laws to control the activities of unregulated money exchange houses in their jurisdiction.

Precursor Chemical Control Statute. State laws should regulate the purchase of chemicals and, if appropriate, glassware and other equipment commonly used to manufacture and process drugs. Such laws are necessary to reduce the domestic production of drugs such as methamphetamine.

Enhanced Criminal Penalties

The certainty of punishment for drug users, dealers, and traffickers should be increased. Because jail and prison space is often limited, however, it should be reserved for the most serious drug offenders. States should consider the following enhanced sentences for the following drug crimes:

Minimum Mandatory Sentences for Specified Drug Crimes. Stiff, minimum mandatory sentences should be imposed for such offenses as drug trafficking, possessing large amounts of drugs that indicate the possessor is a trafficker and not a user, and employing minors in any aspect of the drug trade.

Drug-Free School Zones. Forty-three States now impose enhanced penalties on anyone convicted of a drug crime within 1,000 feet of a school. These statutes need to be broadened to include not only schools, but playgrounds, youth centers, public swimming pools, video arcades, and other locations where youth typically congregate. Such statutes should also cover *any* drug-related crime within the zone, including sales of drugs by adults to adults, and by children to other children.

Drug Transactions Involving Minors. States should impose additional penalties on anyone convicted of a drug crime involving a minor. (As noted above, such crimes should also be subject to minimum mandatory sentences.)

Bringing Drugs into Prisons and Jails. Anyone convicted of bringing or attempting to bring drugs into a prison or jail should be subject to a stiffer sentence.

Asset Forfeiture Laws

An effective State asset forfeiture law is a potent prosecutorial weapon in the war on drugs. States should amend their asset forfeiture laws to conform to amendments to the Uniform Controlled Substances Act recently proposed by Federal, State, and local prosecutors. State asset forfeiture laws should achieve the following objectives:

- They should allow the use of civil proceedings, so that prosecutors need not wait for the conclusion of an often lengthy criminal trial before forfeiting assets obviously derived from or connected with the drug trade.

- They should recognize a *prima facie* case for the forfeiture of property if: 1) the defendant engaged in drug-related conduct; 2) the property was acquired during the period of time he engaged in such conduct; 3) there was no other likely source of income for the property.

- They should permit the authorities to seize and forfeit the real property owned by drug traffickers.

- They should assure that State asset seizure laws confer *in personam* jurisdiction over the defendant to permit prosecutors to seize *all* of his assets, including assets which are located out-of-state.

- They should allow authorities to have the power to substitute assets of an equal value belonging to the trafficker when drug-related assets are leased or mortgaged.

- They should protect the interests of innocent owners of seized assets by protecting the value and assuring the speedy return of such assets.

- They should provide for the expense of conducting future asset forfeiture programs by returning at least 90 percent of the proceeds derived from the sale of forfeited assets to law enforcement activities.

User Accountability

One of the most important objectives of the National Drug Control Strategy is to hold drug users accountable for their illegal behavior. So-called "casual" or "intermittent" users are often responsible for introducing new users, especially children, to illegal drugs. States should consider the following user sanctions:

Intermediate Punishments. These punishments should be employed wherever possible for casual or non-violent, first-time users. Intermediate punishments provide a broader range of sentencing options between traditional probation and imprisonment, reduce the need for additional prison and jail space, and provide certainty of punishment for drug users. Intermediate punishments include: shock incarceration (or so-called "bootcamps"), mandatory treatment at the offender's expense, halfway houses, special day/night detention centers, intermittent confinement, intensive probation supervision, restitution programs, community service, and civil and monetary penalties.

Suspension of Driver's and Occupational Licenses. Pursuant to Federal law, all States must enact legislation mandating a six-month suspension of driving privileges for anyone convicted of a drug offense. Failure to do so by October 1, 1993, will result in a 5 percent reduction of that State's allotment of Federal highway funds. The reduction will increase to 10 percent on October 1, 1995. Another way for States to hold users accountable is to condition the retention of a professional or occupational license of anyone convicted of a drug offense upon successful completion of a drug treatment program.

Procedures for Eviction from Public Housing Communities. States should provide statutory authority and procedures for the eviction of anyone convicted of a drug offense from State-funded public housing communities.

Suspension of State Benefits. States should consider suspending State-funded benefits of anyone convicted of a drug offense, including student loans, grants, and contracts. Exceptions can be made for certain welfare-related benefits, and provision could be made for restoration of all benefits upon entering and/or successfully completing a drug rehabilitation program.

Prevention and Treatment

It is important that States enact laws that help prevent drug use and assure the availability of effective treatment programs for those addicted to drugs. Some useful prevention and treatment laws include the following:

Drug-Free Workplace Requirements for Contractors/Grantees. State law should require that State contractors and grantees implement drug-free workplace plans, including drug testing, where appropriate.

Accountability of Treatment Programs. State law and policy should require publicly-funded treatment centers to monitor participants in their programs following the conclusion of treatment.

Drug-Free Workplace and Drug Testing Laws. State law should reduce legal uncertainty regarding the use of private employer drug testing plans. Such laws should clarify the standard of employer liability, the applicable testing and laboratory procedures, the employee's right to confirm positive results with a second test, the right to review by a medical officer, and any limitations on the right of privacy regarding test results.

Drug Testing for Public Employees. Many States require drug testing for State employees. Although most State executive-branch officials have authority to implement such drug testing plans without legislation, States should enact such legislation, if necessary.

Appendix E

Acknowledgments

Section 1005 of the Anti-Drug Abuse Act of 1988 requires that, in preparing the President's National Drug Control Strategy, the Director of the Office of National Drug Control Policy (ONDCP) seek advice from a broad range of sources. Specifically, the Act requires the Director to consult with: heads of National Drug Control Program Agencies; Members of Congress; State and local officials; and private citizens with experience and expertise in demand and supply reduction.

Accordingly, in the development of this, the third National Drug Control Strategy, ONDCP has conducted an extensive effort to solicit information, assessments, and recommendations on a number of related issues:

- The impact and implementation of both the 1989 and 1990 Strategies.

- The current, overall effectiveness of various public and private sector anti-drug efforts.

- What works in individual drug control areas: the criminal justice system; drug treatment; education, workplace, and community action programs; international initiatives; and interdiction initiatives.

- Specific successful local, statewide, or national drug control programs, strategies, groups, or organizations.

- Goals and avenues for future improvement: changes in emphasis or tactical refinements; necessary new tools and resources; and better coordination and integration of effort across-the-board.

- Strategies for communicating anti-drug and drug-free public information and awareness messages.

- Strategies for generating necessary community support for particular drug control initiatives: treatment center and prison construction; neighborhood watch and police/neighborhood cooperation programs; drug-free public housing campaigns; user accountability mechanisms; and other education and primary prevention efforts.

- Hard data on how drug use begins and spreads; on the size, shape, and scope of the drug problem; on chronological and demographic drug use and drug control trends; and on public opinion and attitudes about drug use and its consequences.

By general category, ONDCP consulted:

All Federal Executive Branch Departments and Agencies. ONDCP staff held formal meetings with officials of all Federal agencies. Each of these agencies was regularly consulted for advice and cooperative planning, both in implementing the 1989 and 1990 Strategies and in developing this, the 1991 Strategy. ONDCP has continued to ask these Drug Control Program Agencies to provide material on State and local drug programs and strategies developed in connection with applications for Federal funding.

Members of Congress. ONDCP staff consulted with Members of the United States Senate and the United States House of Representatives.

State and Local Officials and Organizations. ONDCP staff consulted a number of governors, lieutenant governors, and State attorneys general; representatives from large, medium-size, and small counties, cities, and towns; and other State and local officials involved in the development of community-wide anti-drug policies or programs; State and U.S. territory drug abuse officials in particularly hard hit areas; selected district and State attorneys; and key members of those national organizations that represent State and local officials.

Other Expert Individuals and Organizations. ONDCP staff met or communicated with leading figures in each major drug-control area; with those organizations that represent them; and with other professional and special organizations whose current or possible future work might have a marked and beneficial effect on the Nation's drug epidemic.

Moreover, ONDCP staff has continued its review of the available literature on drugs begun as a part of the development of the 1989 and

1990 Strategies. This has included all previous Federal drug control strategies, plans, and reports, and other major official and private drug-related documents. The research and authorship of this information base has involved many years of work by many thousands of individuals, abroad and in the United States. Space constraints make specific acknowledgment of all of them impossible, but each has contributed to the understanding of drugs that helped in developing this Strategy.

All ONDCP consultations continued to give high priority to identifying existing and potential coordination and cooperation among the myriad individuals, groups, and agencies who must play a part in any successful national campaign against drug use. However worthy or helpful on its own, isolated efforts — in local, State, or Federal government; in our law enforcement, treatment, or prevention communities; in families, neighborhoods, schools, churches, synagogues, businesses, or service organizations across the country — will not be enough. Again, we are seeking to provide what is needed most: a fully integrated and coherent drug strategy. And integration and coherence cannot be established on paper alone. They must be established in practical fact — in the energy and dedication of every involved American, in every area, at every level.

For their invaluable counsel during preparation of this report, the Administration wishes particularly to thank the following public officials, agencies, organizations, and private citizens.

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